

Name  
in  
Full

Mary Arrah Amanda Ahalt

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

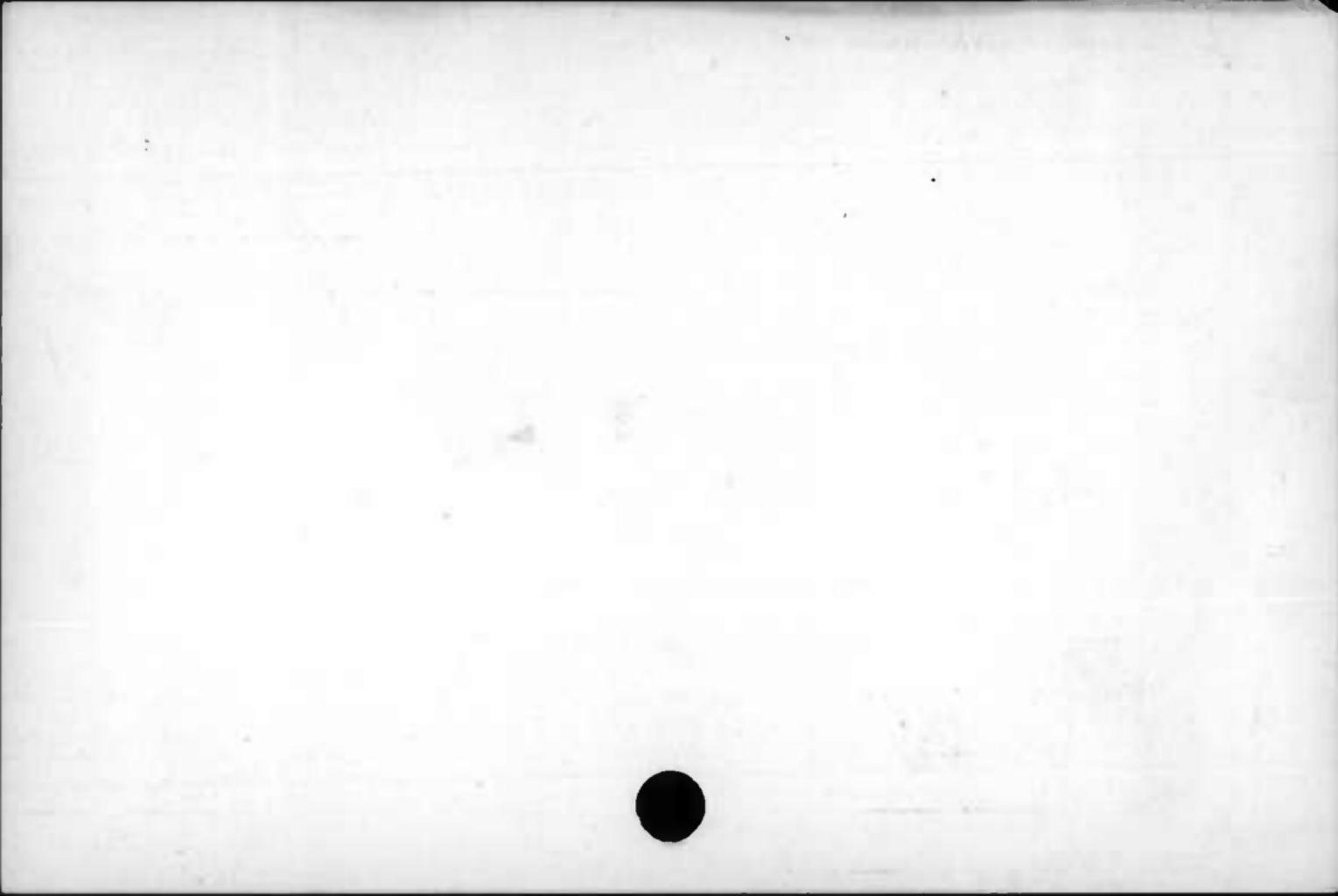
Died at	Town	Fried.	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1908	Aug.	29	53		1	27
Sex	Color or Race	White	Birth-place	Fried. Md.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Name	Broad Run		
Father's Name	Samuel Ahalt					
Mother's Maiden Name	Julia Slifer					
Name of person giving information	Samuel Ahalt					

CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	1 week
Immediate	Heart Failure	How long	Transient
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Geo. - Yost
		Address	Burkittsville Maryland
Accident or Suicide?			



Name  
in  
Full

Erdgen May

Ayers

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	White
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	-
Father's Name	H.W. Ayers		
Mother's Maiden Name	Ellie Wood		
Name of person giving Information	H.W. Ayers		

CAUSES OF DEATH

167

PHYSICIAN  
OR CORONER

Primary

Burned over 1/4 the body

How long

8 days

Immediate

Stomach - Diarrhea, etc. - Cyanosis

How long

1/2 days -

Are the name, age, sex, color, date and place correctly given above?

Yes

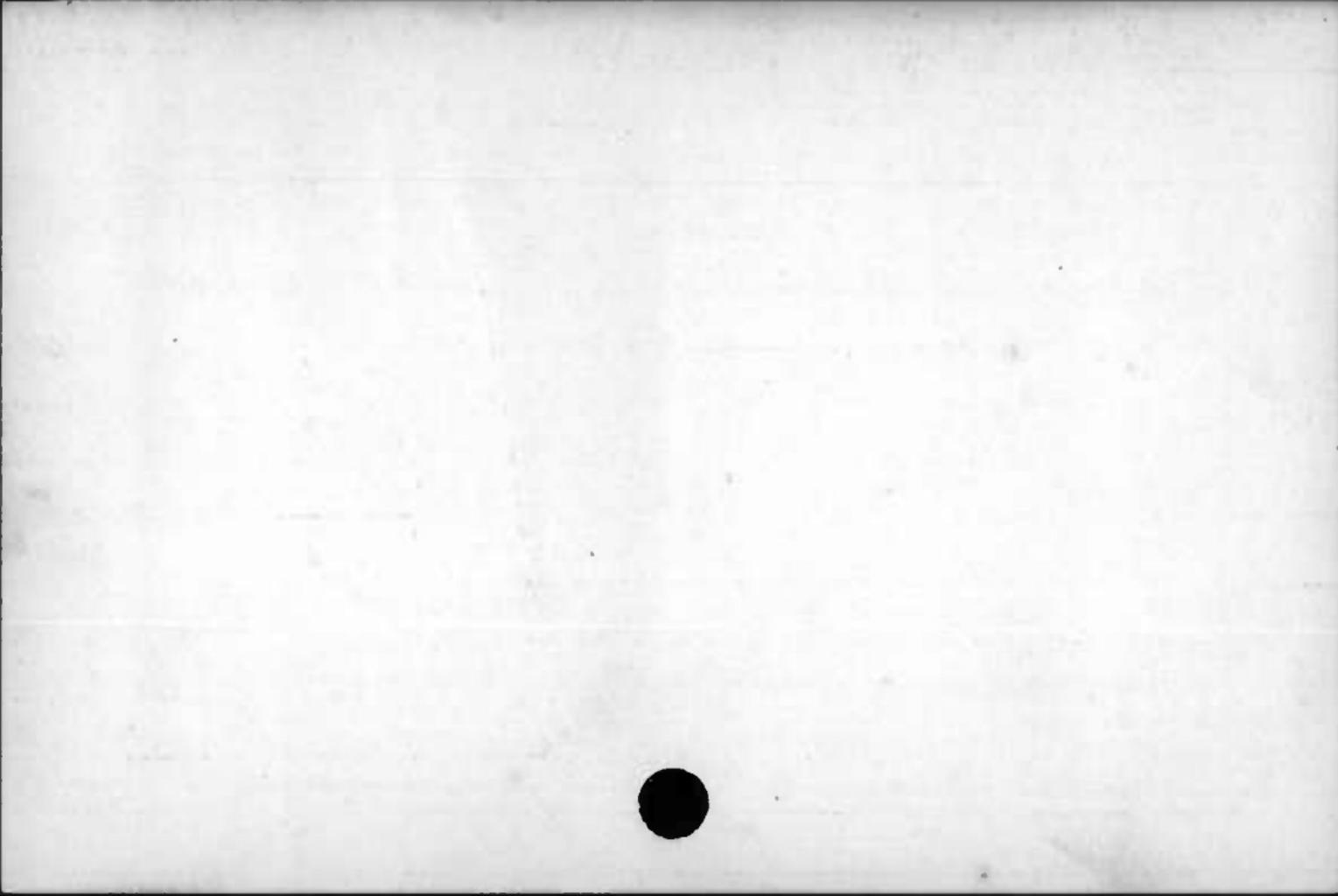
Signature of Physician

C.W.R. Clegg, M.D.

Address

1 Brunswick, Md.

Accident or Suicide?



Name  
in  
Full

Edna Messe. Baker.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Town	County		MARYLAND		
Died at	Frederick		Years	Months	Days
Date of death	Month	Day	Age	3	5-
Sex	Female	Color or Race	White	Birth-place	Fred Cr. Ind
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Samuel Baker.		Father's Birthplace	Pa	
Mother's Maiden Name	Fannie Sawyer.		Mother's Birthplace	"	
Name of person giving Information	Fannie Baker.		How related to deceased	Mother.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Due to Enteric

105

How long

3 days

Immediate

Cerebral Hemorrhage

How long

1/3 hours

Are the name, age, sex, color, date and place correctly given above?

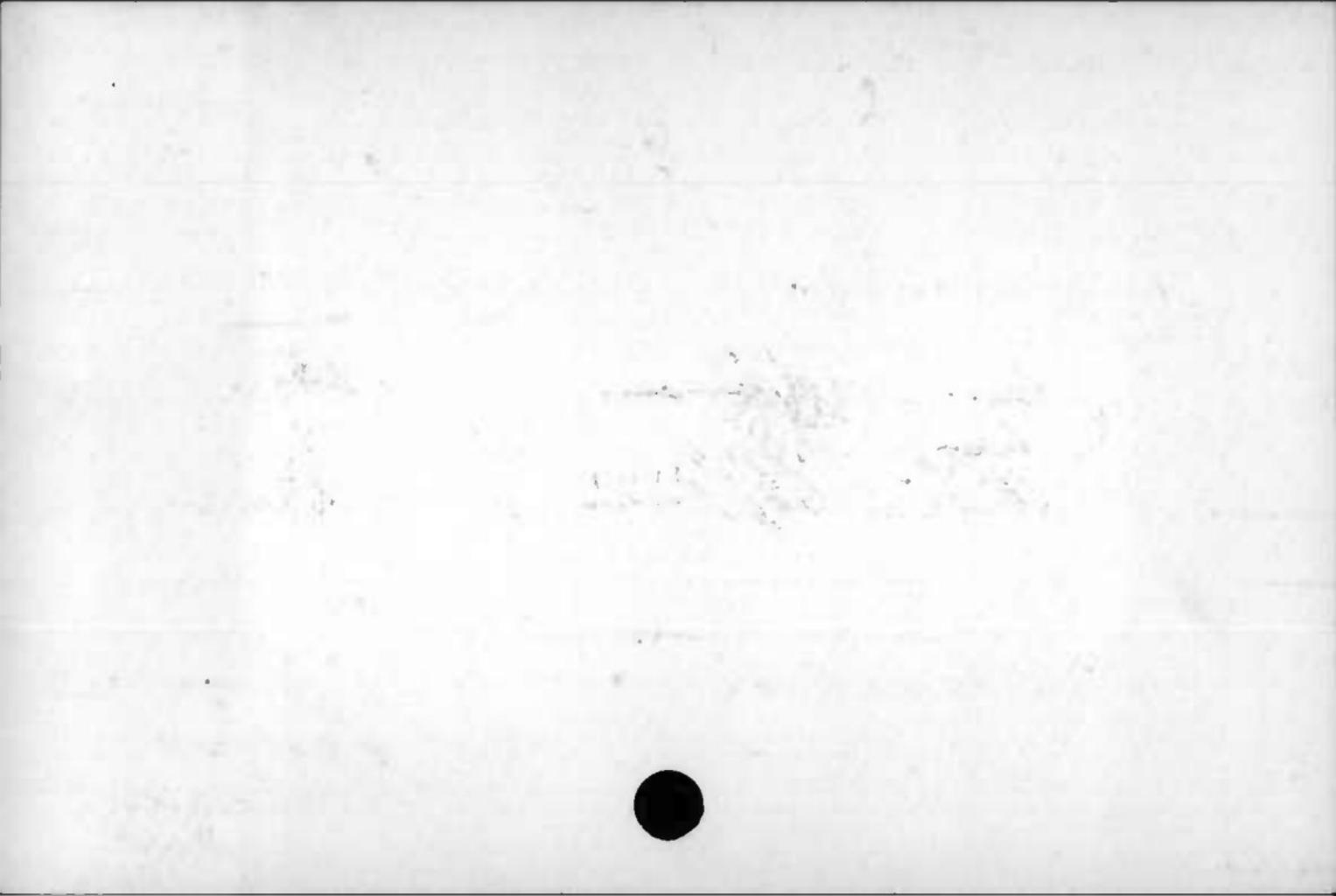
yes

Signature of Physician

Address

Eug. Kefauver  
Shermont Ind

Accident or Suicide?



Name  
in  
Full

James Frank Bond

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1908	8	23	36	—	16	
Sex	Male	Color or Race	White	Birth-place	Lancaster	
Occupation	Laborer	Where Residing if not at place of death		Lancaster		
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Albion M. Bond		Father's Birthplace	Lancaster		
Mother's Maiden Name	Feminia T. Fitzgerald		Mother's Birthplace	Lancaster		
Name of person giving information	David M. Fisher		How related to deceased	Brother-in-Law		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

Immediate

Exhaustion.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

27

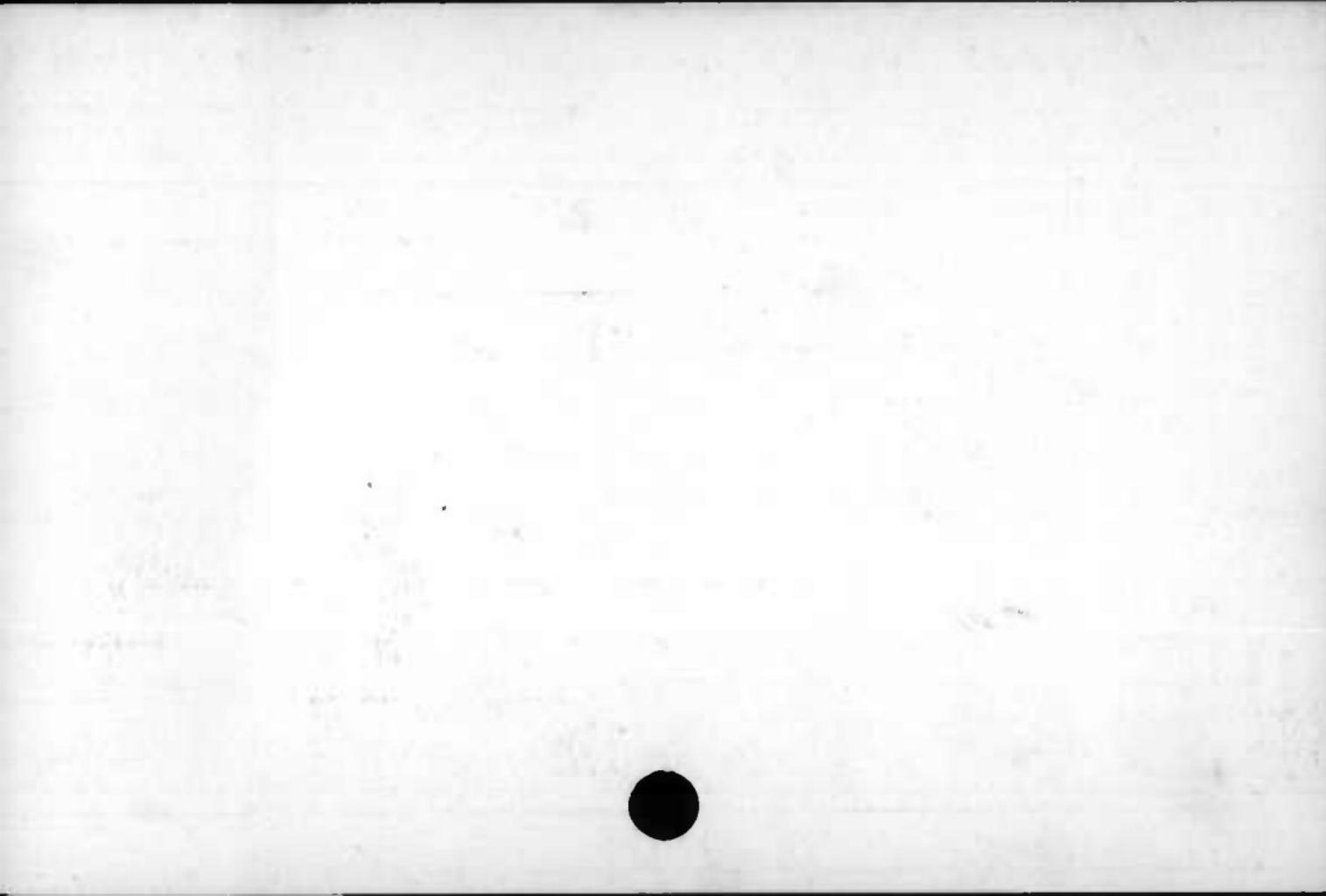
How long

1 year

How long

2 weeks

R. S. Johnson,  
Alfred University  
N.Y.



Name  
in  
Full

Melvin Brown

CERTIFICATE OF DEATH

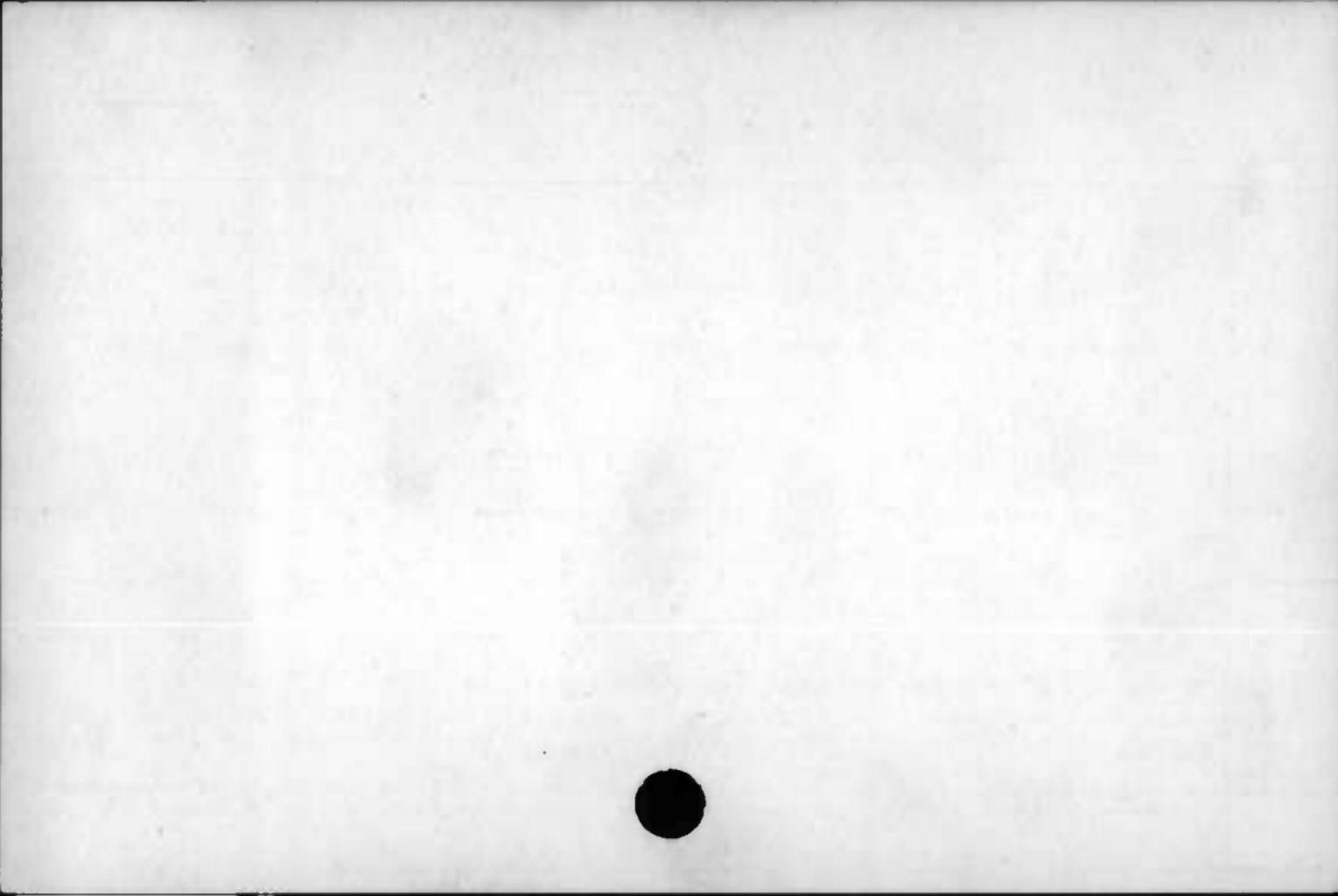
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Frederick	Town	Frederick	County	MARYLAND	
Date of death	1908	Month	8 <sup>th</sup>	Day	Years	Months
Sex	Male	Color or Race	Black	Age	28	Days
Occupation	Laborer.	Where Residing if not at place of death				
Married, Single or Widowed	m.	Name of Wife or Husband	Ella Proctor			
Father's Name	Henry Brown				Father's Birthplace	Md
Mother's Maiden Name	Eveline Butcher.				Mother's Birthplace	Md
Name of person giving information	G.W. Petis				How related to deceased	son

CAUSES OF DEATH

(1)

Primary	Typhus abdominalis			How long	3 week
Immediate	Excessive diarrhea, hemorrhage - Exhaustion			How long	Several days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	U.G. Bourne, M.D.	
			Address	Frederick, Md.	
Accident or Suicide?					



Name  
in  
Full

Ellen C. Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Fowlers			County	Fowlers	
Died at	Fowlers			County	Fowlers	
Date of death	Month	Day	Years	Months	Days	
1908	8	19	50	5	—	
Sex	Female	Color or Race	Black	Birth- place	Md	
Occupation	House Wife			Where Residing if not at place of death	Same	
Married, Single or Widowed	Widow	Name of Wife or Husband	Abraham Butler			
Father's Name	Kenson & Duffin			Father's Birthplace	Md	
Mother's Maiden Name	Maria Falbest			Mother's Birthplace	"	
Name of person giving Information	Mrs. Grason Larkins			How related to deceased	Daughter	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Chronic Tuberculosis

How long

1 Year

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

C. F. Gordon MD  
Fowlers Md

Accident or Suicide?

Interment Aug 21 - '08  
" at Greenwich  
Thomas P. Rice

Dr Goodell

Dr M C Curdy

Name  
in  
Full

Albert Cashour

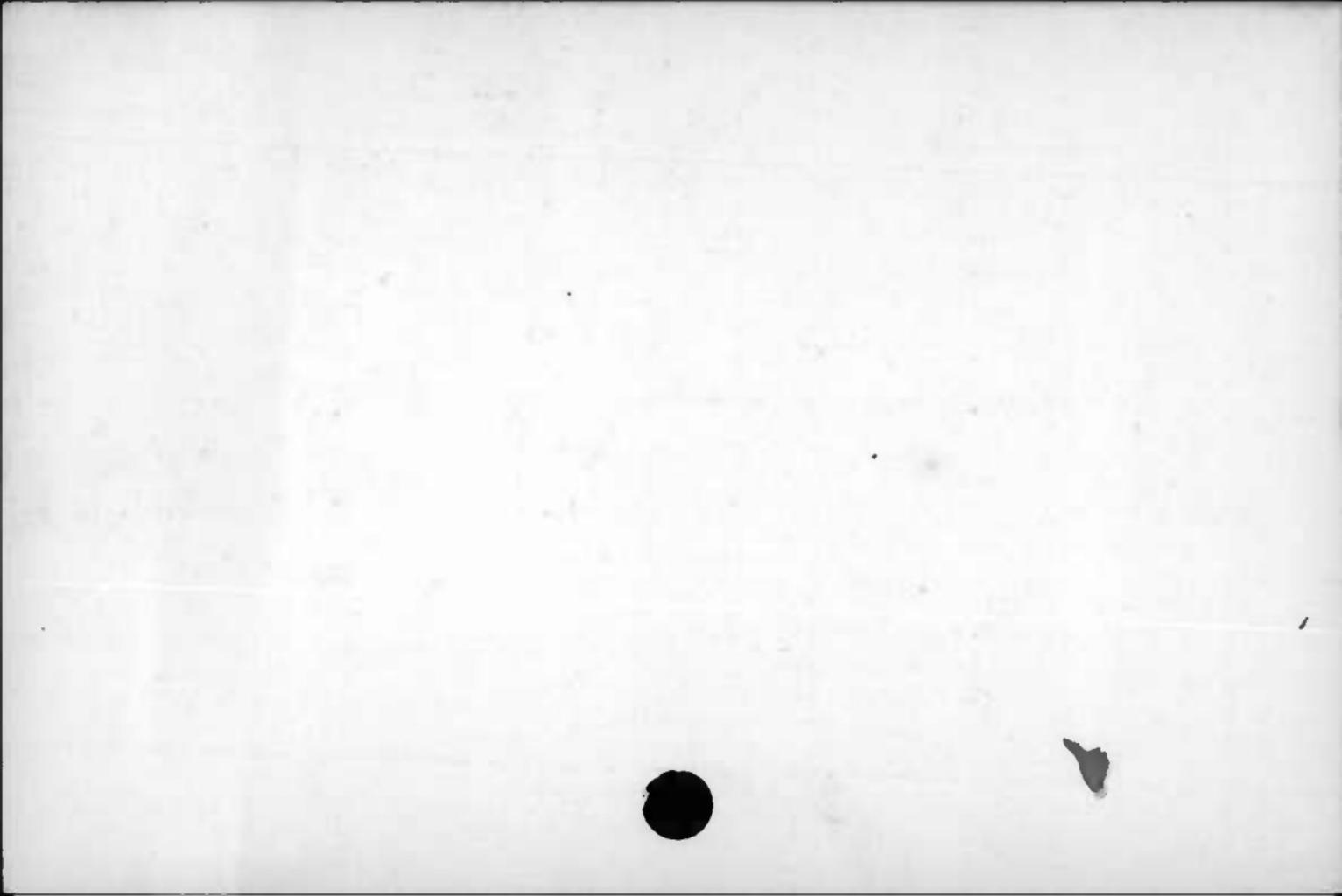
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	64	3	27	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Ida L. Butch				
Father's Name	William Cashour					Fredenst co
Mother's Maiden Name	Martha Albaugh					Fredenst co
Name of person giving information	Edward Cashour					Brother
CAUSES OF DEATH						
Primary	Arterio-sclerosis					64
Immediate	Cerebral Hemorrhage					About 2 yrs
How long						
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address						

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Defout Coalis

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Fredricks	Fredricks		
Date of death 190	Month	Year	Months Days
Aug	Aug	5	
Age	—	—	—
Sex	Color or Race	Birth-place	
Occupation	C.	Alb.	
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	7rd
Father's Name	Charles Coalis		
Mother's Maiden Name	Rose	Mother's Birthplace	7a
Names of person giving Information	Luzie Sparks	How related to deceased	None

CAUSES OF DEATH

Primary: Ordination  
Miscarriage (3 mo.)

151

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

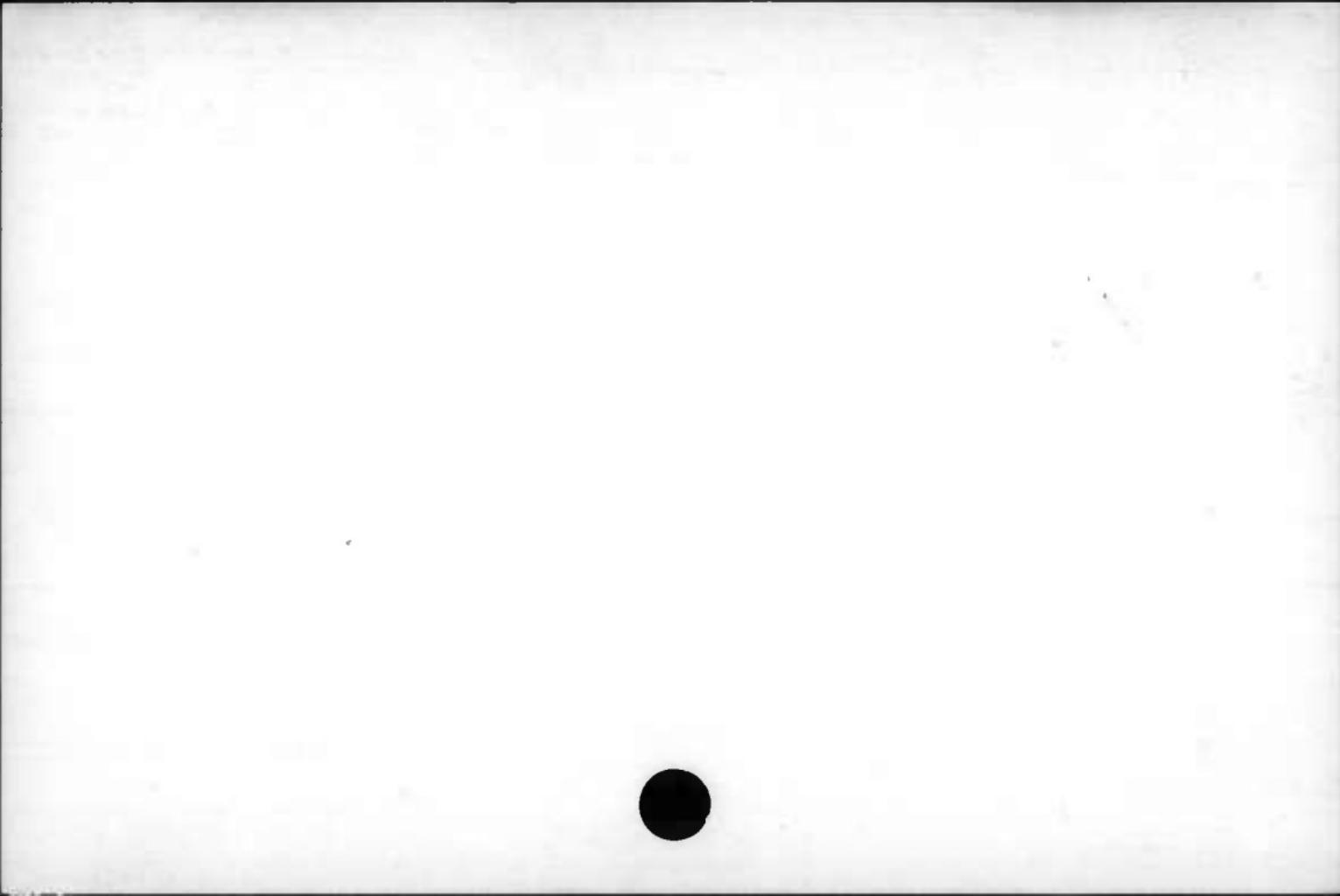
Yes -

Signature of  
Physician

Address

McCurdy  
P. O.  
Frederick

Assault or Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Emma Inyste. Coffman

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Thurmont

Frederick

Date  
of death

Month

Day

Years

Months

Days

1908 Aug.

26

10

10

Sex

Female

Color or  
Race

White

Birth-  
place

Ind

Occupation

House keeper.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

J. C. Coffman

Father's  
Birthplace

Ind

Mother's  
Maiden Name

Susan Lohr.

Mother's  
Birthplace

"

Name of person giving  
Information

David Coffman

How related  
to deceased

Uncle.

CAUSES OF DEATH

34

Primary

General Tuberculosis

How long

5 yrs.

Immediate

Septic infection

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

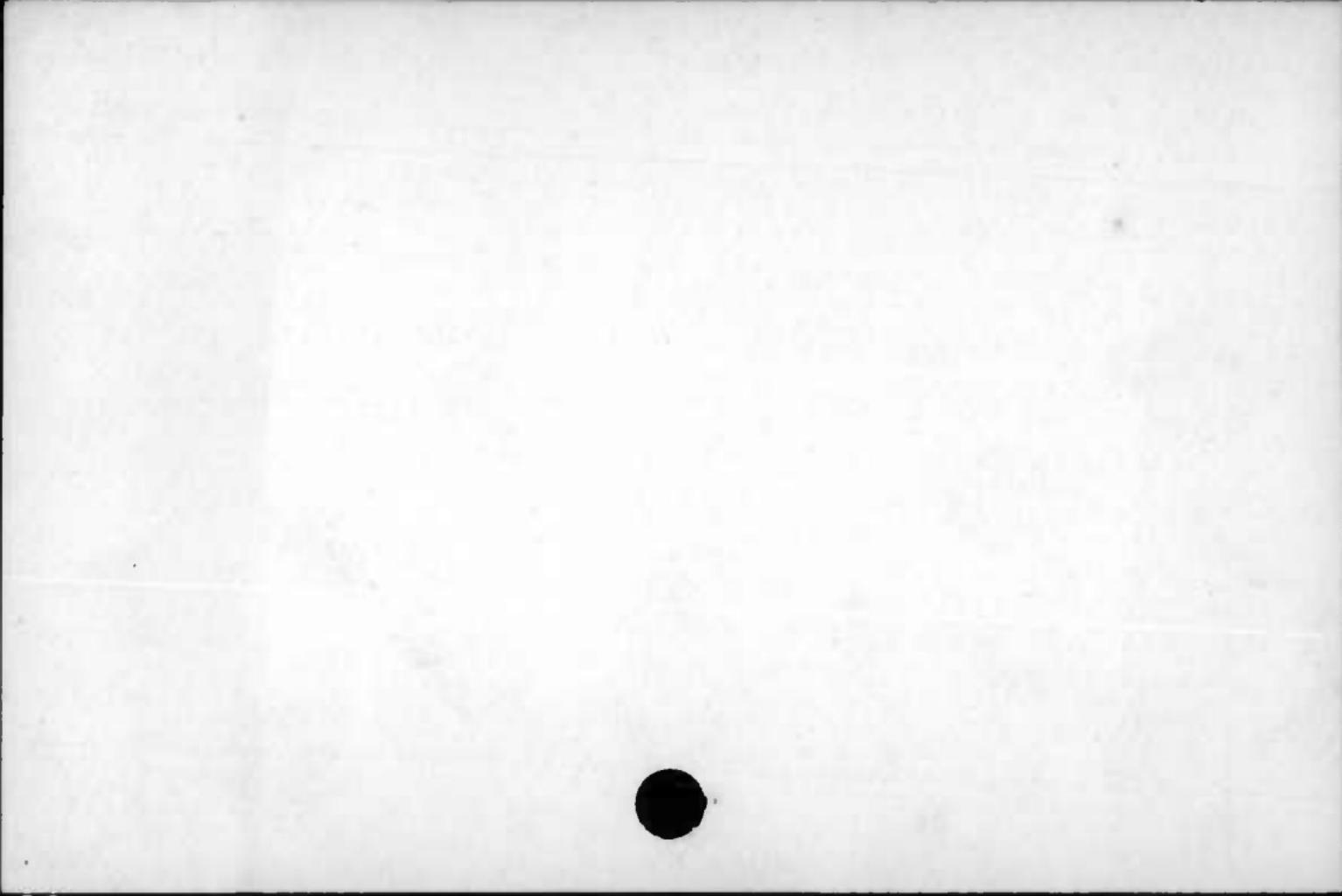
yes.

Signature of  
Physician

Address

Morris A. Dink  
Thurmont &  
Md.

Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Katie Gregg Breig

MARYLAND

Town

County

Died at

Braddock Heights Frederick

Months

Days

Date

Month

Day

Years

Months

Days

of death

1908

Aug.

19<sup>th</sup>

Age 36

4

20

Sex

Female

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

Book

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Wm. Breig

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Fannie Ashby

Mother's  
Birthplace

Maryland

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

79

How long

Primary

Valvular lesions of heart

How long

1 hr.

Immediate

syncope & failure

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

D.G. Faus

Middletown

Md

PHYSICIAN  
OR CORONER

Accident or Suicide

11



George Washington Cram

Town

County

MARYLAND

Died at

Mt Pleasant

Month Day

Y. M. D.

Native of

Occupation

Date 1908

Aug 29

60 5 13

Maryland

Farmer

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

Harriet Cram

Wife

Father's

Name

Adam C Cram

Maiden Name

Mailda Schreiber

Cause of

Primary

Atherosclerosis

64

How long sick

3 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

A. E. Estom M.D.

Address

Mt Pleasant Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Mrs Albert Diehl

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Aug.	26	Age 82	3	—
Sex	Female	Color or Race	white	Birth-place	Germany
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband	at place of death		
Father's Name	Jno G. Westphal	Father's Birthplace	Germany		
Mother's Maiden Name	Charlotte Nata.	Mother's Birthplace	Germany		
Name of person giving Information	F. W. E. Diehl	How related to deceased	Son		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary

Denility

How long

6 years

Immediate

Ex hausion

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

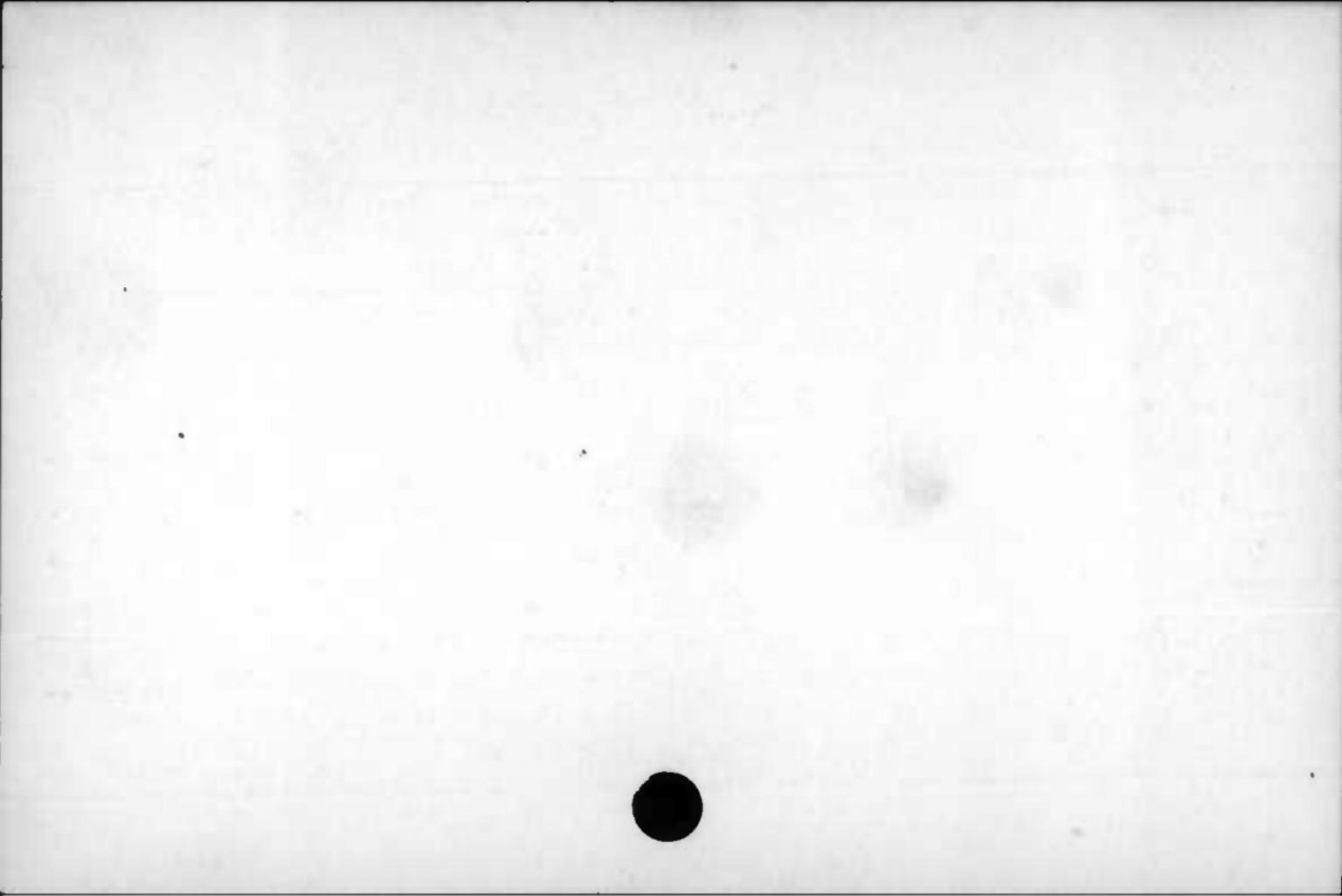
LaBuer

236 Church St

Frederick md

Accident or Suicide?

neither



## Margaret Eleanor Dix

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Pigg's Seminary Jaunaville</u>		Town	County <u>Frederick</u>		MARYLAND		
Date of death <u>1908</u>	Month <u>8</u>	Day <u>18</u>	Age <u>83</u>	Years <u>83</u>	Months <u>8</u>	Days	
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Frederick Co. Md.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>at Frederick Md.</u>						
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>Lewis N. Dix</u>						
Father's Name <u>John Houck</u>				Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Eleanor Burgess</u>				Mother's Birthplace <u>"</u>			
Name of person giving information <u>Mrs Joshua Dix</u>				How related to deceased <u>Daughter-in-law</u>			

## CAUSES OF DEATH

68

Primary

Chronic Maria

How long

5 years

Immediate

Exhaustion

How long

5 weeks

Are the name, age, sex, color, date and place correctly given above?

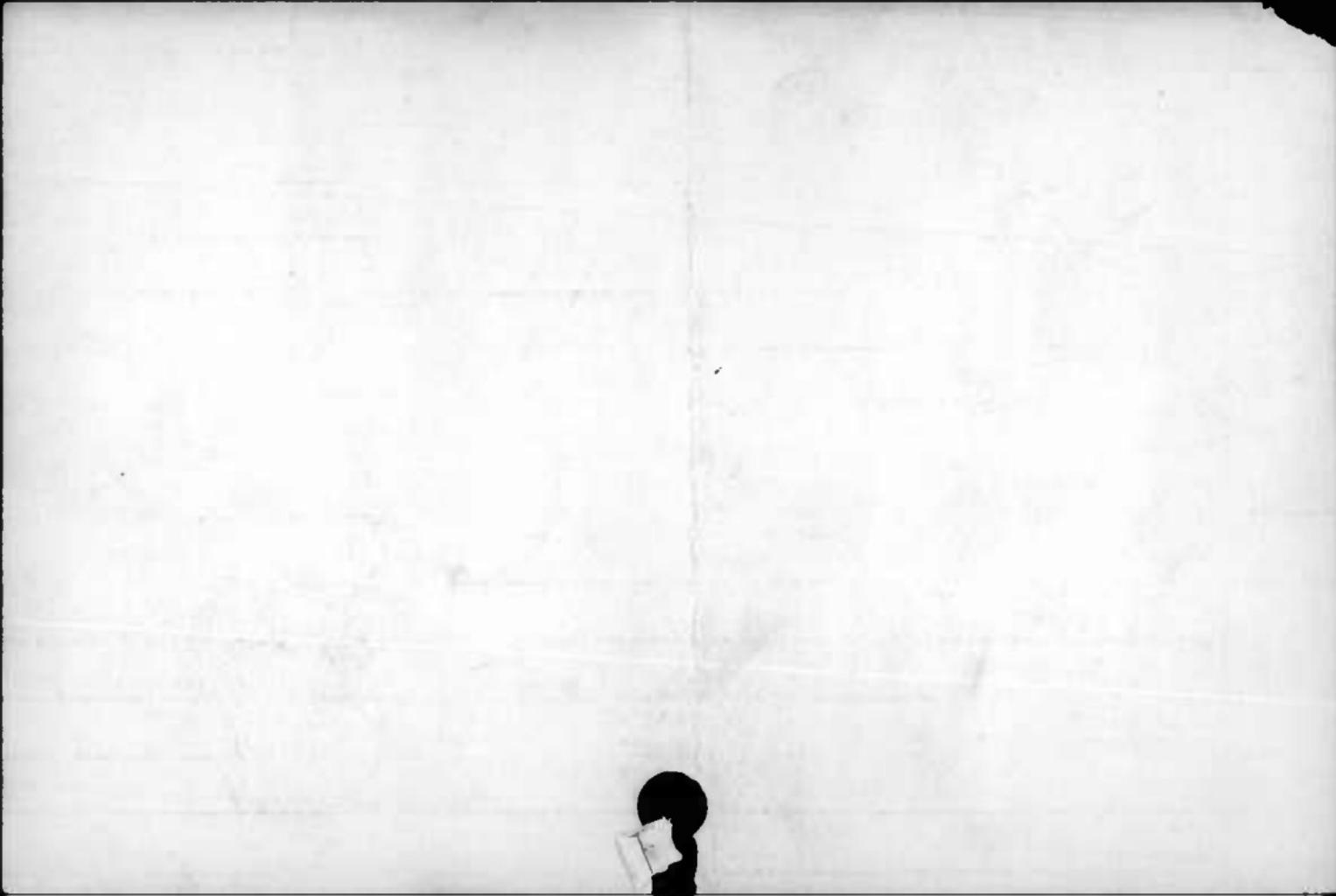
yes

Signature of Physician

Address

George H. Pigg's MD  
Jaunaville Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Thomas C. Dillon  
Middleton Fred

CERTIFICATE OF DEATH

MARYLAND

Died at Middleton Town County  
Date of death 1908 Month Fred Years Months Days  
Sex Male Color or Race White Birth-place Md 14

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Wm C Dillon

Father's  
Birthplace

Mother's  
Maiden Name

Betha M Lighter

Mother's  
Birthplace

Name of person giving  
Information

Wm C Dillon

How related  
to deceased

CAUSES OF DEATH

179

Primary

Malaria

Immediate

How long

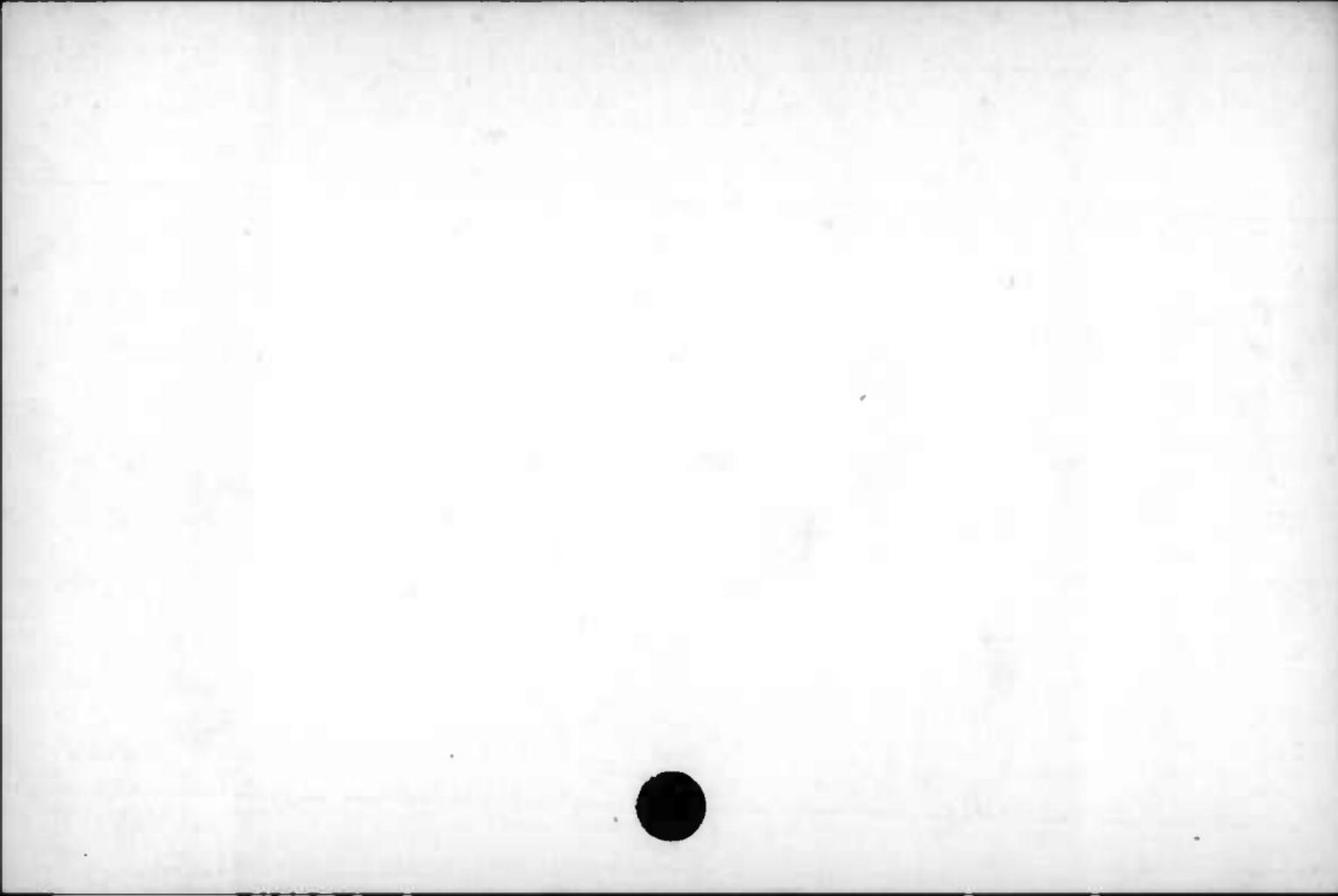
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. M. Geete  
Undertaker

Accident or Suicide?



Name  
in  
Full

Annie M. Dorsey

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <i>Bartholomew</i>	County <i>Frederick</i>	MARYLAND		
Date of death	Month <i>Aug</i>	Day <i>13</i>	Years <i>5</i>	Months —	Days —
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth- place <i>Md</i>			
Occupation —	Where Residing if not at place of death —				
Married, Single or Widowed <i>single</i>	Name of Wife or Husband —				
Father's Name <i>Dorsey</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Elisabeth Dorsey</i>	Mother's Birthplace <i>Md</i>				
Name of person giving Information <i>Jacob Tyler</i>	How related to deceased <i>Grandfather</i>				

CAUSES OF DEATH

①

How long

10 days

How long

PHYSICIAN  
OR CORONER

Primary

Typhoid Fever

Immediate

Cardiac Asthenia

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. H. Hopkins M.D.

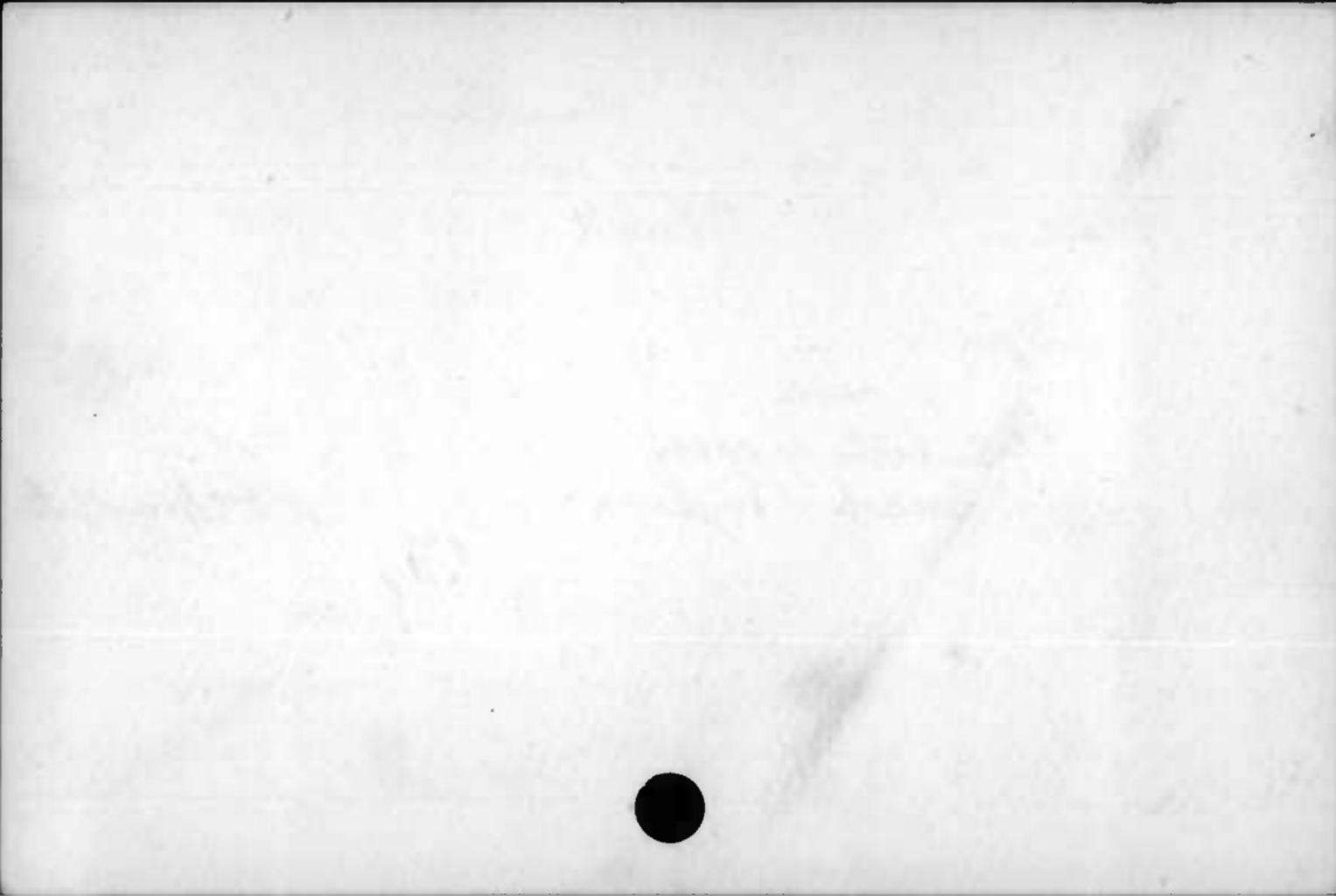
Address

New Market

Md

Accident or Suicide?

no



Name  
in  
Full

Webster Dorsey

15.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at

Town

Baltimore

County

Fredrick

MARYLAND

Date  
of death

Month

Day

Years

1908 Aug. 13

Age 14

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Ind

Occupation



Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Dorsey

Father's  
Birthplace

Mother's  
Maiden Name

Elizabeth Dorsey

Mother's  
Birthplace

Name of person giving  
Information

Jacob Tyler

How related  
to deceased

Ind.  
Grandfath

CAUSES OF DEATH

1

How long

Three weeks

How long

Immediate

Primary

Typhoid Fever  
Withinia

Immediate

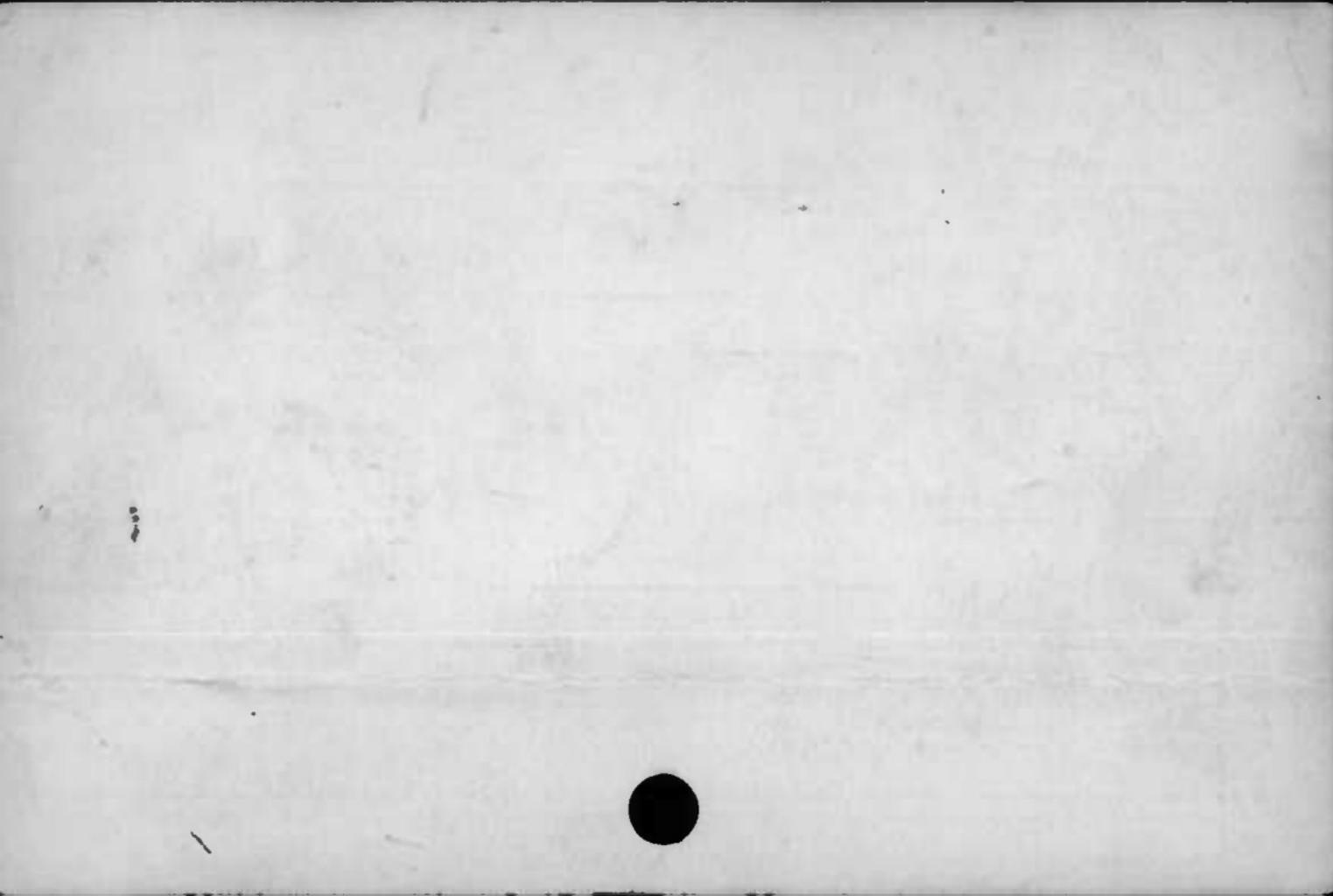
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

B. D. Thomas, M.D.  
Frederick  
Md

Accident or Suicide?



Name  
in  
Full

Rosemary Ellen Early

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town  
Died at

Town

County

MARYLAND

Date  
of death

Month

Day

Years

Month

Days

1908

8

6-

Age

-

8

26

Sex

Female

Color or  
Race

White

Birth-  
place

Frederick Co Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Joseph Early

Father's  
Birthplace

Frederick Co Md

Mother's  
Maiden Name

Ada Holme -

Mother's  
Birthplace

- - +

Name of person giving  
information

W H Morris

How related  
to deceased

Employer

CAUSES OF DEATH

105

How long

Primary

Cholera Infantum

4 days

Immediate

Exhaustion

1 day

Are the name, age, sex, color, date  
and place correctly given above?

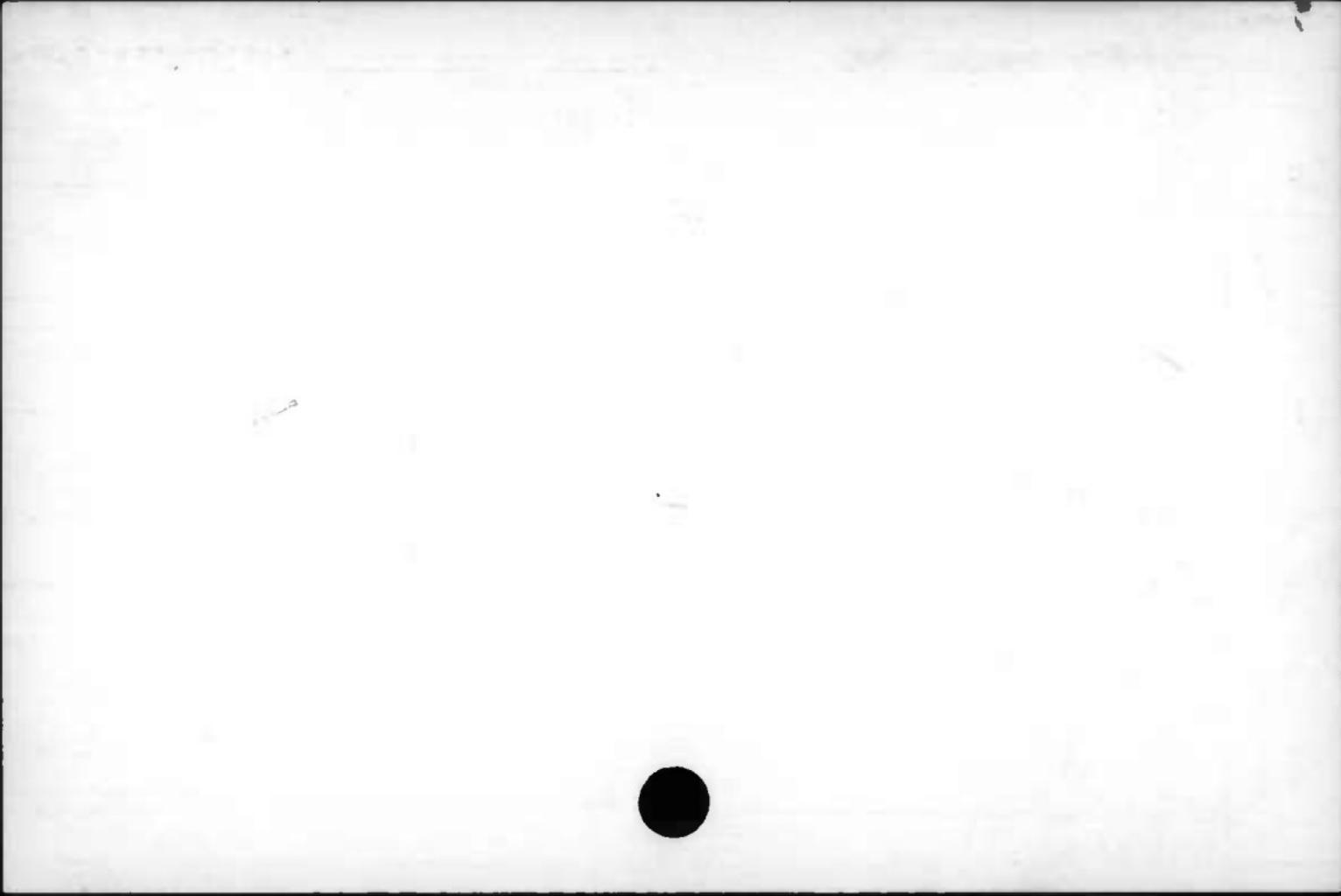
Signature of  
Physician

Address

W. M. Smith

Frederick Md

Accident or Suicide



Name  
in  
Full

Paul E Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY .

NEAREST FRIEND

Died at	Tennitsburg Dist. Frederick County			MARYLAND
Date of death	Month	Day	Years	Months Days
1908	Aug	73	Age	5 13
Sex	Color or Race	white	Birth-place	Pa.
Occupation	None	Where Residing if not at place of death	Tennitsburg Dr.	
Married Single or Widowed	Name of Wife or Husband			
Single	Ralph Evans	Father's Birthplace	Pa.	
Father's Name	Blanche Egglest			Mother's Birthplace
Mother's Maiden Name	Blanche	How related to deceased	mid Morter	
Name of person giving information	Blanche Fighide	166		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Injury to head  
Concussion of brain

How long

—  
12 hrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

B. J. Juniper

Address

Tennitsburg Embury  
ma.

Accident or Suicide?

Accident

(rev)

Was kicked by a colt on right temple, death due  
to concussion of the brain some hours after.

Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Samuel Eyster  
Town Emmetts Bay  
County Finc'd -

CERTIFICATE OF DEATH

MARYLAND

Died at Date of death 1908 Month Aug Day 24. Years Age 66 Months 6 Days 8

Sex Male

Color or Race White

Birth-place Md

Occupation Watch Maker

Where Residing if not  
at place of death Emmetts Bay Md

Married, Single  
Widowed

Name of Wife or Husband

Unknownable

Father's Name Andrew Eyster

Father's Birthplace Pa

Mother's Maiden Name Lavinia McPoir

Mother's Birthplace Md

Name of person giving information A. W. Eyster

How related to deceased Brother

CAUSES OF DEATH

129

Primary Chronic Bright's Disease

5 years

immediate Malaria

3 days

Are the name, age, sex, color, date and place correctly given above?

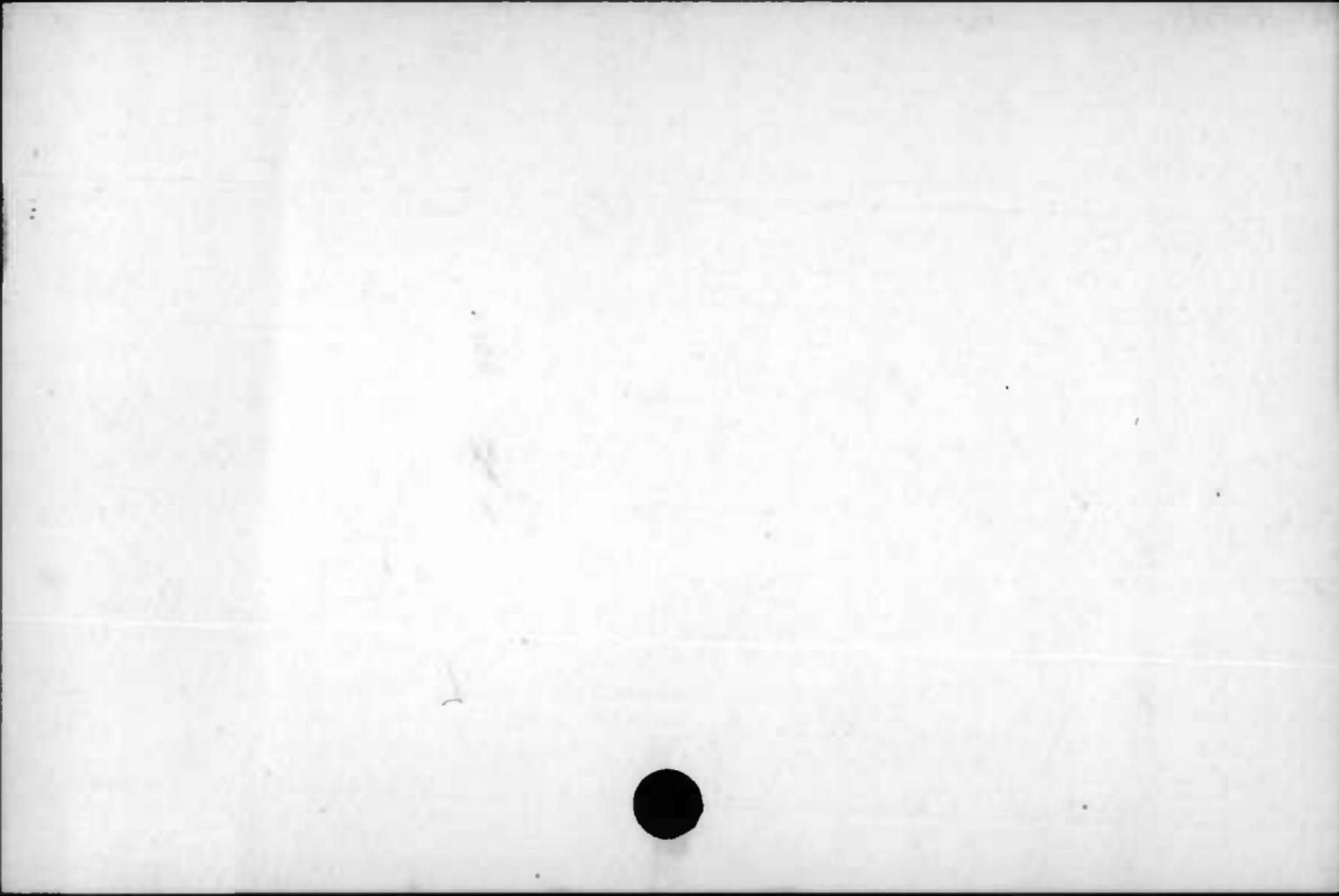
yes

Signature of Physician

Address

11 W 7 St  
Emmetts Bay  
Md

Accident or Suicide?



Name  
in  
Full

William Kenneth Engleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Johnsville

County

Frederick

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1928 Aug.

5

Age

4

23

Sex

Male

Color or  
Race

white

Birth-  
place

Baltimore

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name

William David Engleman

Father's  
Birthplace

Ohio

Mother's  
Maiden N.

Maude Pfoertner

Mother's  
Birthplace

Frederick Co.

Name of person giv-  
In formation

William D. Engleman

How related  
to deceased

Father

CAUSES OF DEATH

105

Primary

Enteritis - Colitis with Central Hypothalamic 3 or 4 days  
How long

Immediate

Coma

How long

several hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

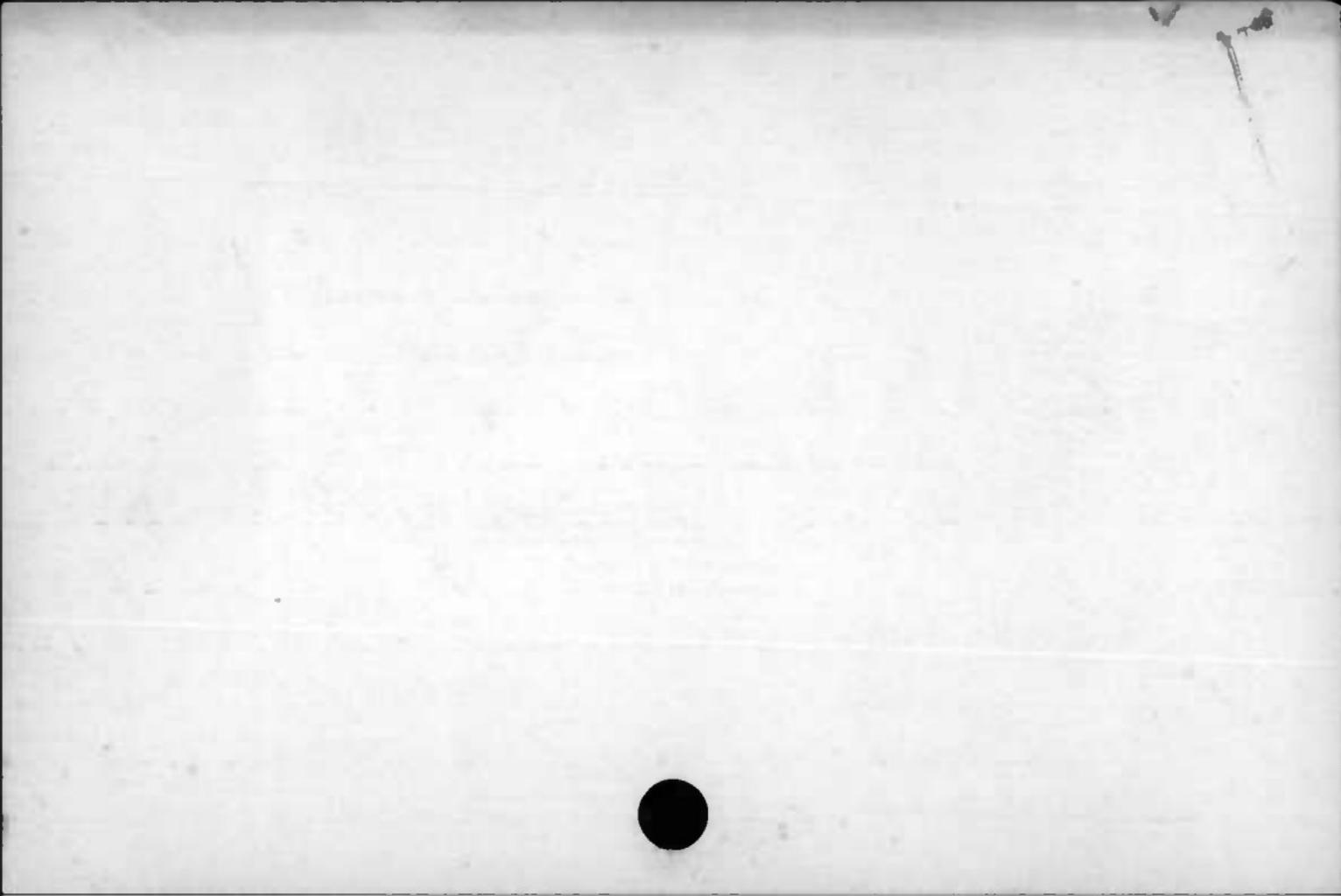
Signature of  
Physician

Address

F. H. Sidwell  
Johnsville, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

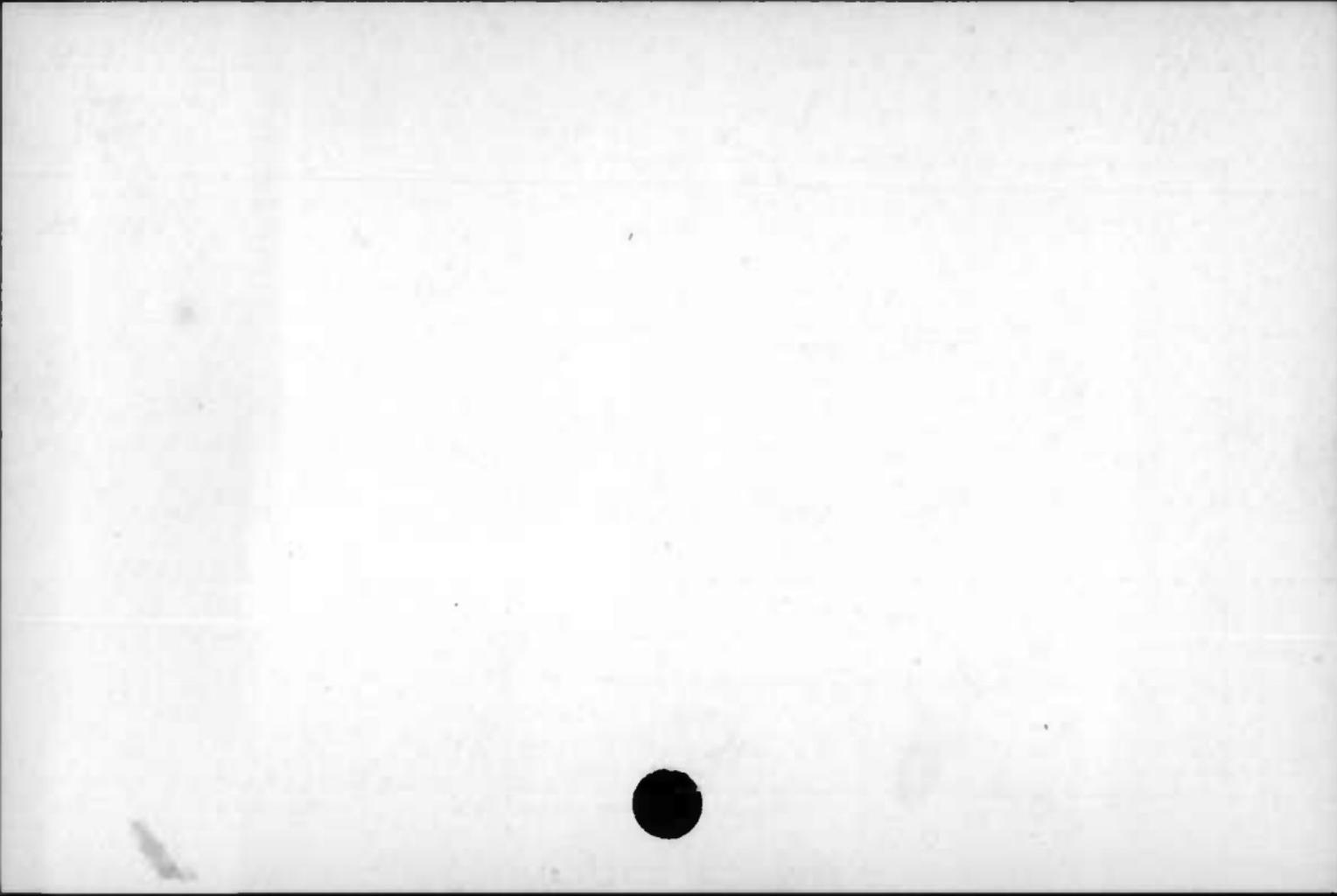
TO BE ANSWERED BY NEAREST FRIEND	Deces. Person			Fisher	CERTIFICATE OF DEATH		
	Died at	Unionville	Town	Frederick	County	MARYLAND	
	Date of death	1908	Month August	Day 27	Years 18	Months	Days
	Sex	Male	Color or Race	African	Birth-place	Maryland	
	Occupation	None	Where Residing if not at place of death				
	Married, Single or Widowed	Single	Name of Wife or Husband	Has none			
	Father's Name	Edward Fisher			Father's Birthplace	Md.	
	Mother's Maiden Name	Martha J. Coals			Mother's Birthplace	Ind	
	Name of person giving information	Edward Fisher			How related to deceased	Father	

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Tuberculosis		How long	about 18 months
Immediate	Exhaustion		How long	" 2 weeks
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Sappington & Pearce
			Address	Unionville Maryland
Accident or Suicide?				



Name  
in  
Full

Jesse G. Fox

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

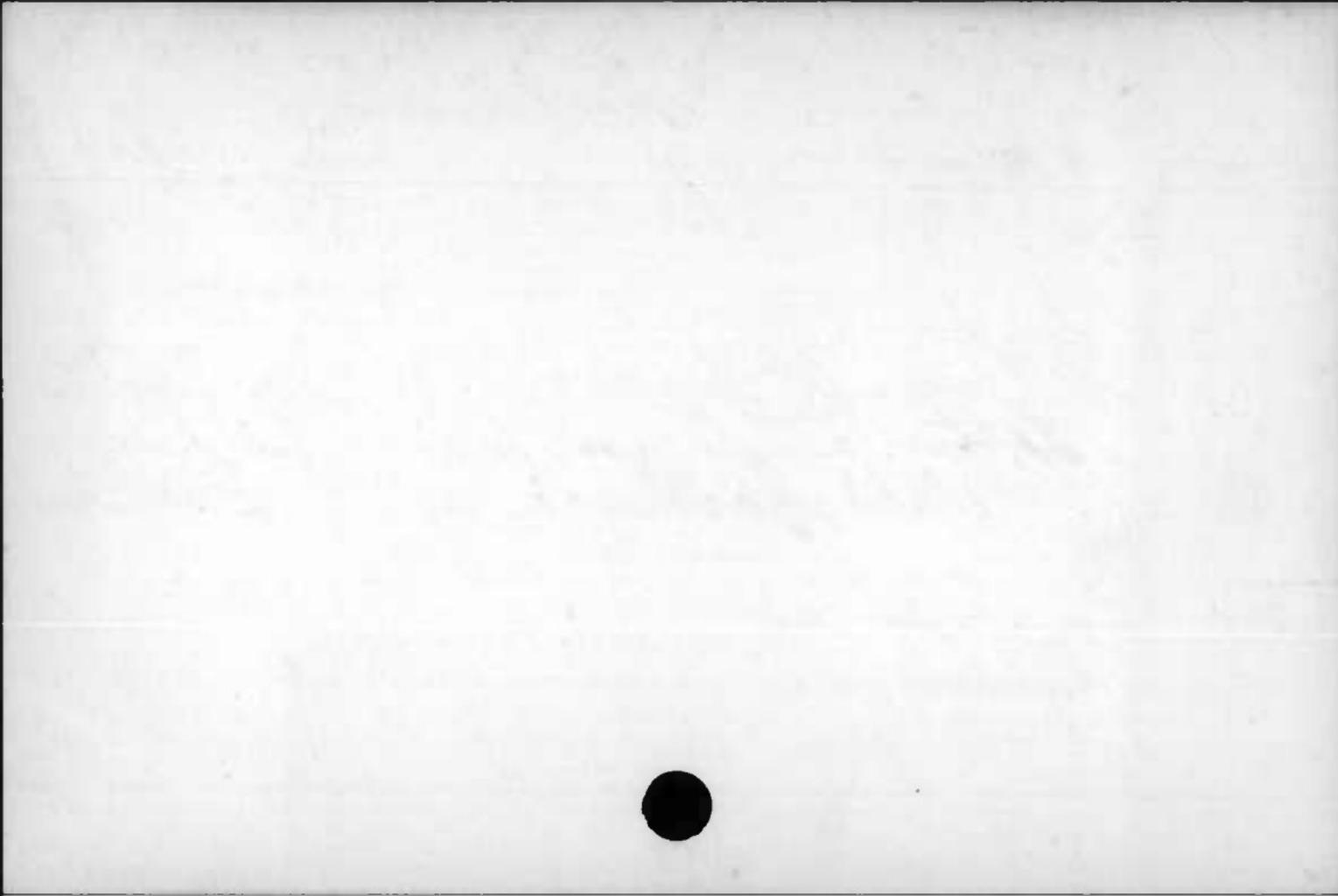
Died at	McKaig	County	Frederick MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Aug	5	1	1	7
Sex	Male	Color or Race	white	Birth-place	Frederick Co., Md.
Occupation				Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Chas. M. Fox -			Father's Birthplace	Frederick Co., Md.
Mother's Maiden Name	Mannie Sheetenkelin			Mother's Birthplace	Frederick Co., Md.
Name of person giving information	Bernard Sheetenkelin			How related to deceased	Nucle

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Acute Enterocolitis		How long	One week
Immediate	Astherria		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. Neudix, M.D.
			Address	Frederick, Md.
Accident or Suicide?				



Name  
in  
Full

Melvin W. Gardner

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace		
Father's Name	William T. Gardner		Mother's Birthplace	New London	
Mother's Maiden Name	Lottie A. Coffey		How related to deceased	Old Fields Father	
Name of person giving information	Will Gardner				

CAUSES OF DEATH

10

How long

Week

How long

Two days

Primary

Influenza

Immediate

Pneumonia

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

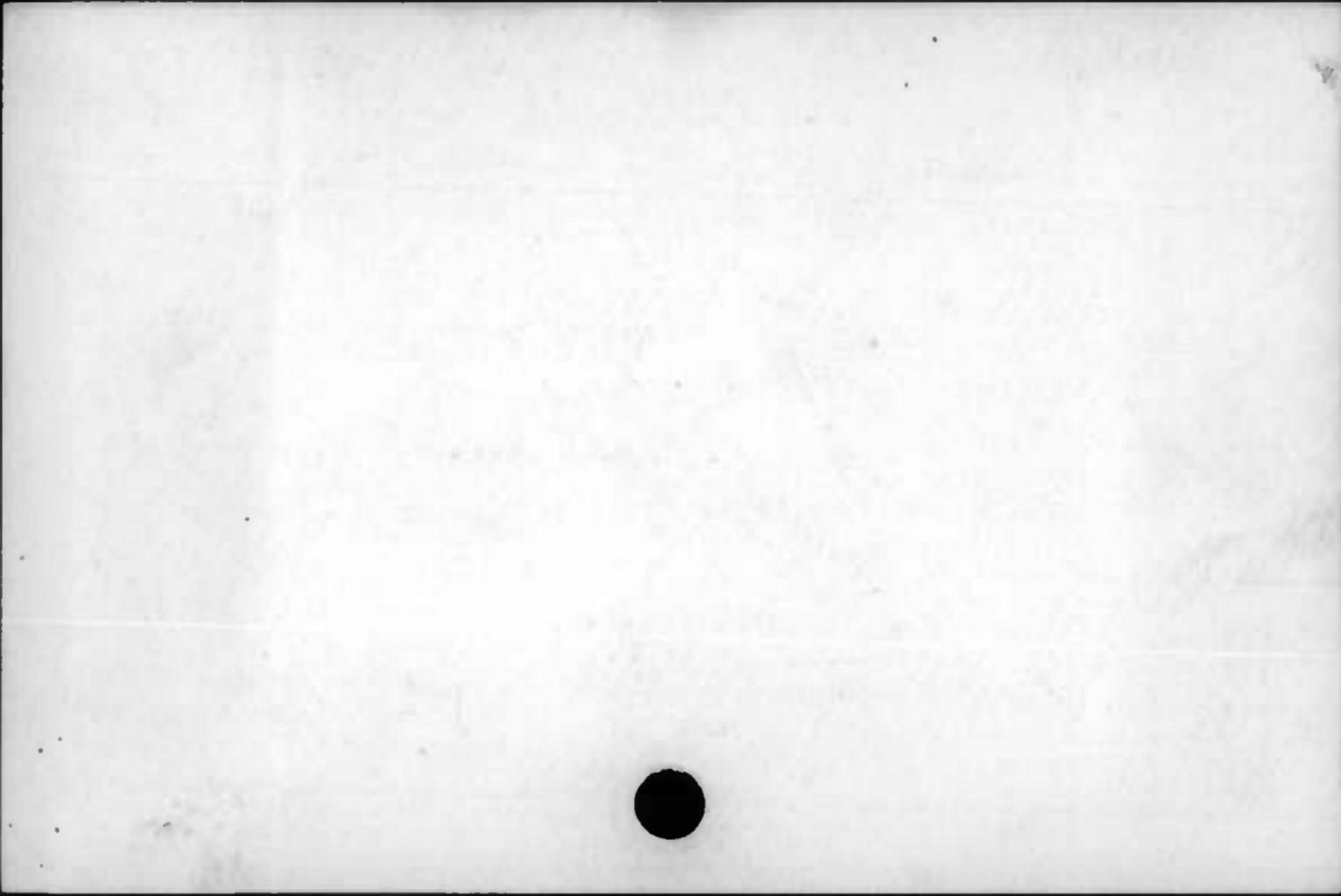
Address

Saffington & Pearce

Minerville

Md.

Accident or Suicide?



Name  
in  
Full

Sara J. Gilbert

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Lewiston		Town		Fredrik		County	MARYLAND	
Date of death	1908	Month Aug	Day 1 <sup>st</sup>	Age	—	Years	6 Months	Days
Sex	Female	Color or Race	White			Birth-place	Md	
Occupation					Where Residing if not at place of death			
Married, Single or Widowed					Name of Wife or Husband			
Father's Name	Clarence Ransburg				Father's Birthplace		Md	
Mother's Maiden Name	Mary Lola Gilbert				Mother's Birthplace		Md	
Name of person giving information	Grandfather				How related to deceased			

CAUSES OF DEATH

14

PHYSICIAN  
OR CORONER

Primary

How long

Two days

Immediate

How long

Four day

Are the name, age, sex, color, date and place correctly given above?

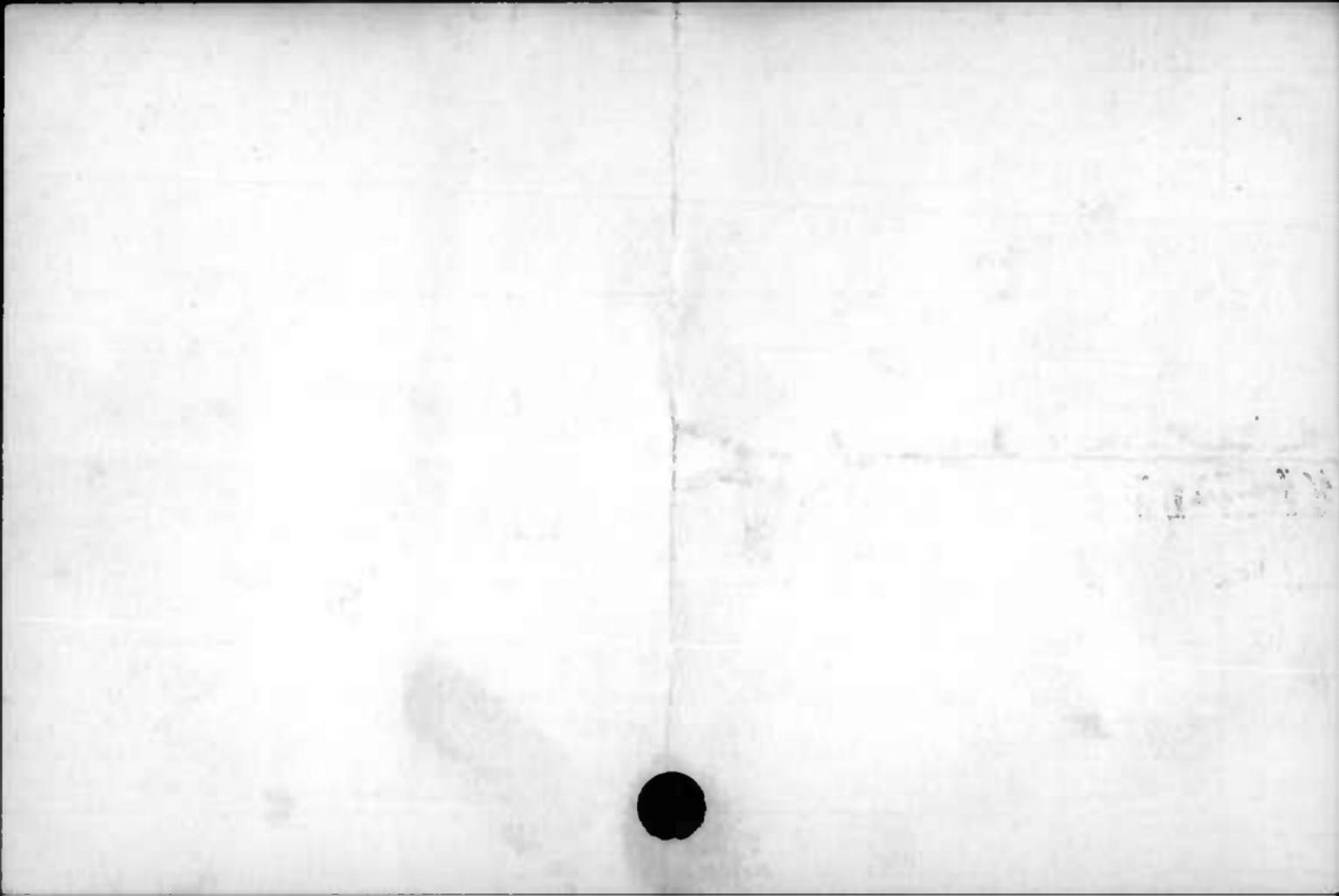
Signature of Physician

Address

E. D Neighbour  
Lewiston

Md.

Accident or Suicide?



Name  
in  
Full

Minnie Gittings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Nearest Friend	Town	County	MARYLAND		
Died at	Frederick	Frederick			
Date of death	1908	Month 8	Day 22	Years 28	Months 11 Days 16
Sex	Female	Color or Race	Black	Birth-place	Va.
Occupation	House Wife	Where Residing if not at place of death			Araba F. Co. Md
Married, Single or Widowed	Married	Name of Wife or Husband	Henson Gittings		
Father's Name	Benjamin Washington			Father's Birthplace	Md
Mother's Maiden Name	Ciggi Bailey			Mother's Birthplace	Va
Name of person giving information	Benj Washington			How related to deceased	Father
CAUSES OF DEATH					
Primary	Paraplegia			How long	3 weeks
Immediate	Convulsions, exhaustion			How long	2 days
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Eliza Bount M.D.	
			Address	Frederick Md	
Accident or Suicide?	rr				

PHYSICIAN  
OR CORONER



Interment Aug 24 - 1908  
" at Hope Hill Cemetery

Thomas P. Rice F. I.

Dr Bourne

Dr Goodell

Dr McCurdy

Name  
in  
Full

Gittings, Susan L.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died near Frederick		Town	County		MARYLAND	
Date of death 1908	Month 8	Day 7	Years 62	Months 10	Days 21	
Sex Female	Color or Race white	Where Residing if not at place of death		Frederick, Md		
Occupation wife	Name of Wife or Husband George Gittings		Father's Name John Brittan	Father's Birthplace Fred Co		
Married, Single or Widowed married	Mother's Maiden Name Catharine Lucas		Mother's Birthplace Fred Co			
Name of person giving Information	How related to deceased Husband		How long Immediate			

## CAUSES OF DEATH

79

Primary Cardiac Palsy

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

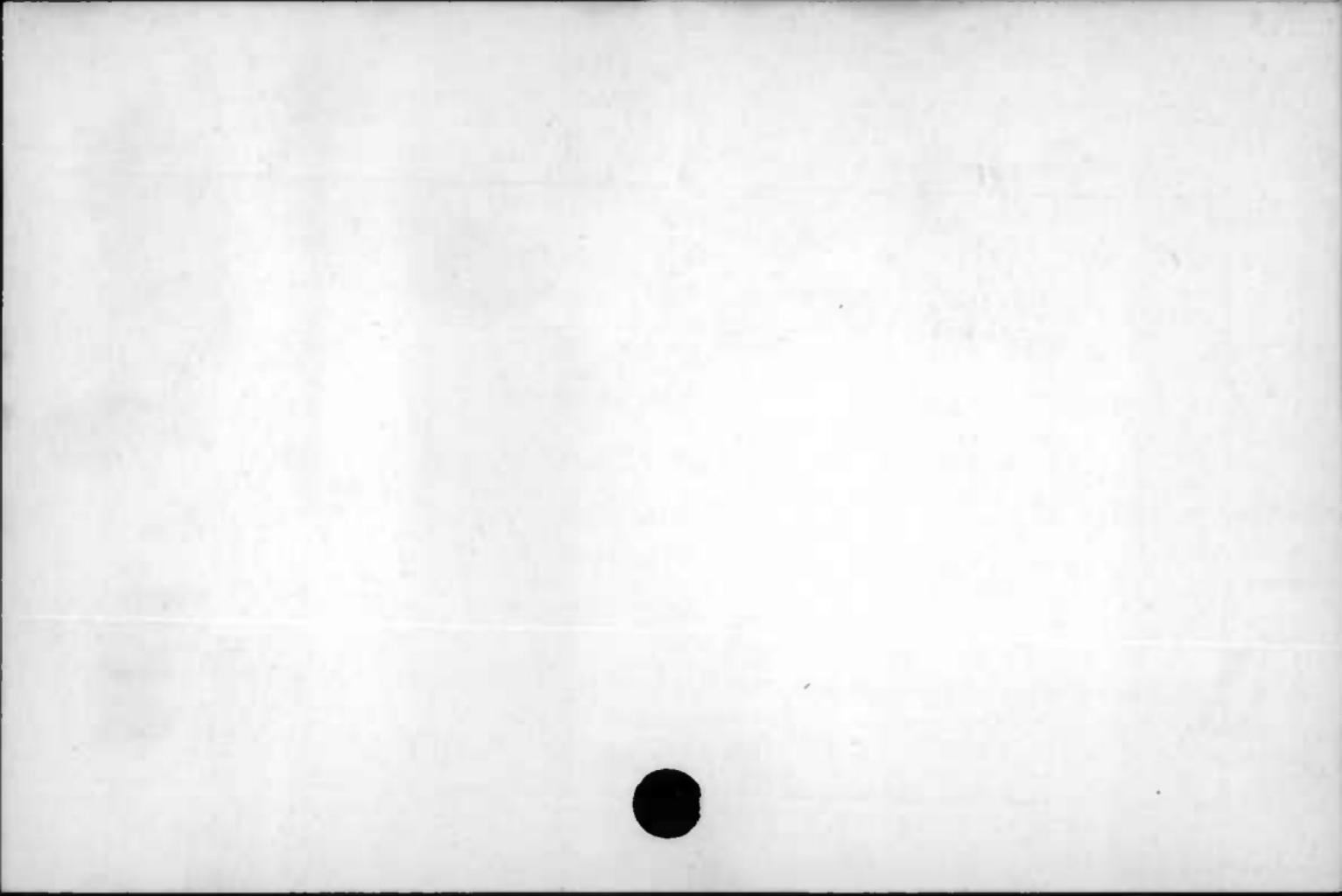
Jr.

Signature of  
Physician

Address

Bt Thomas  
Frederick Md

Accident or Suicide?



Name  
in  
Full

Evelyn May Grace

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1908	Aug	7	6 3
Sex	Female	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Singl	-		
Father's Name	Howard Co., Md.		
Samuel M. Grace			
Mother's Maiden Name	Matthews Co., Va.		
Essie R. Owens			
Name of person giving information	How related to deceased		
Essie R. Owens	mother		

CAUSES OF DEATH

18

PHYSICIAN  
OR CORONER

Primary

Septicemia following Ergipellos

How long

7 weeks

Immediate

Sepsis & exhaustion

How long

4 or 5 weeks.

Are the name, age, sex, color, date and place correctly given above?

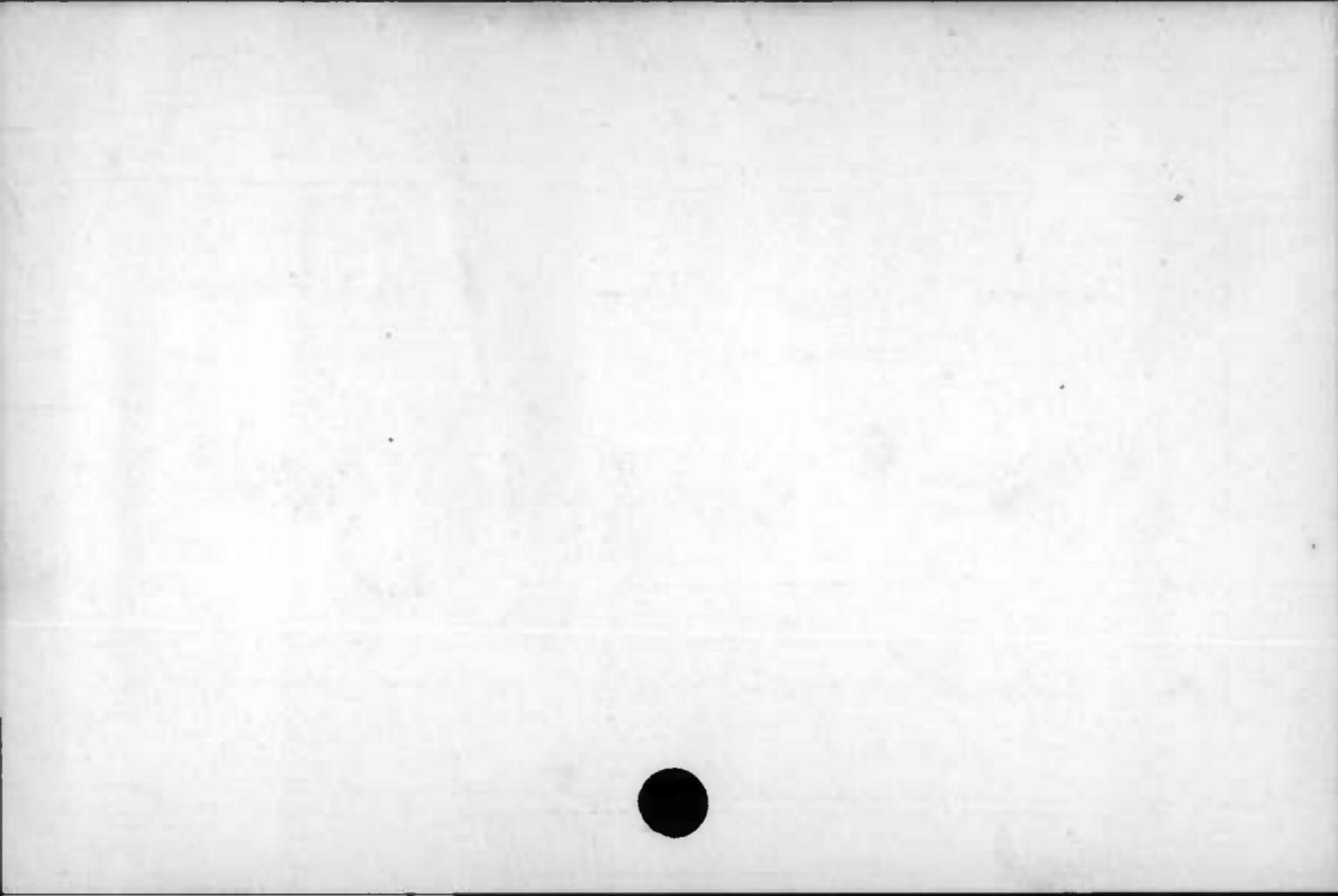
Yes

Signature of Physician

Address

C.W.P. Gann, M.D.  
Brunswick, Md.

Accident or Suicide?



Name  
in  
Full

Lisier Catherine Grimes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Year Died at	Town Woodsboro	County Frede.	MARYLAND		
Date of death 1908	Month Aug.	Day 14	Age	Months 11	Days 11
Sex Female	Color or Race white	Birth- place Frederick Md.			
Occupation None	Where Residing if not at place of death Same place				
Married, Single or Widowed Single	Name of Wife or Husband none	Father's Name James Oliver Grimes	Father's Birthplace Md.		
Mother's Maiden Name Laura Annie Catherine Bowers		Mother's Birthplace Md.			
Name of person giving Information Laura Annie C. Bowers		How related to deceased Mother			

## CAUSES OF DEATH

105

How long

5 days

2 hours

PHYSICIAN  
OR CORONER

Primary Cholera Infantum

Immediate Convulsions

Are the name, age, sex, color, date  
and place correctly given above?

Yes

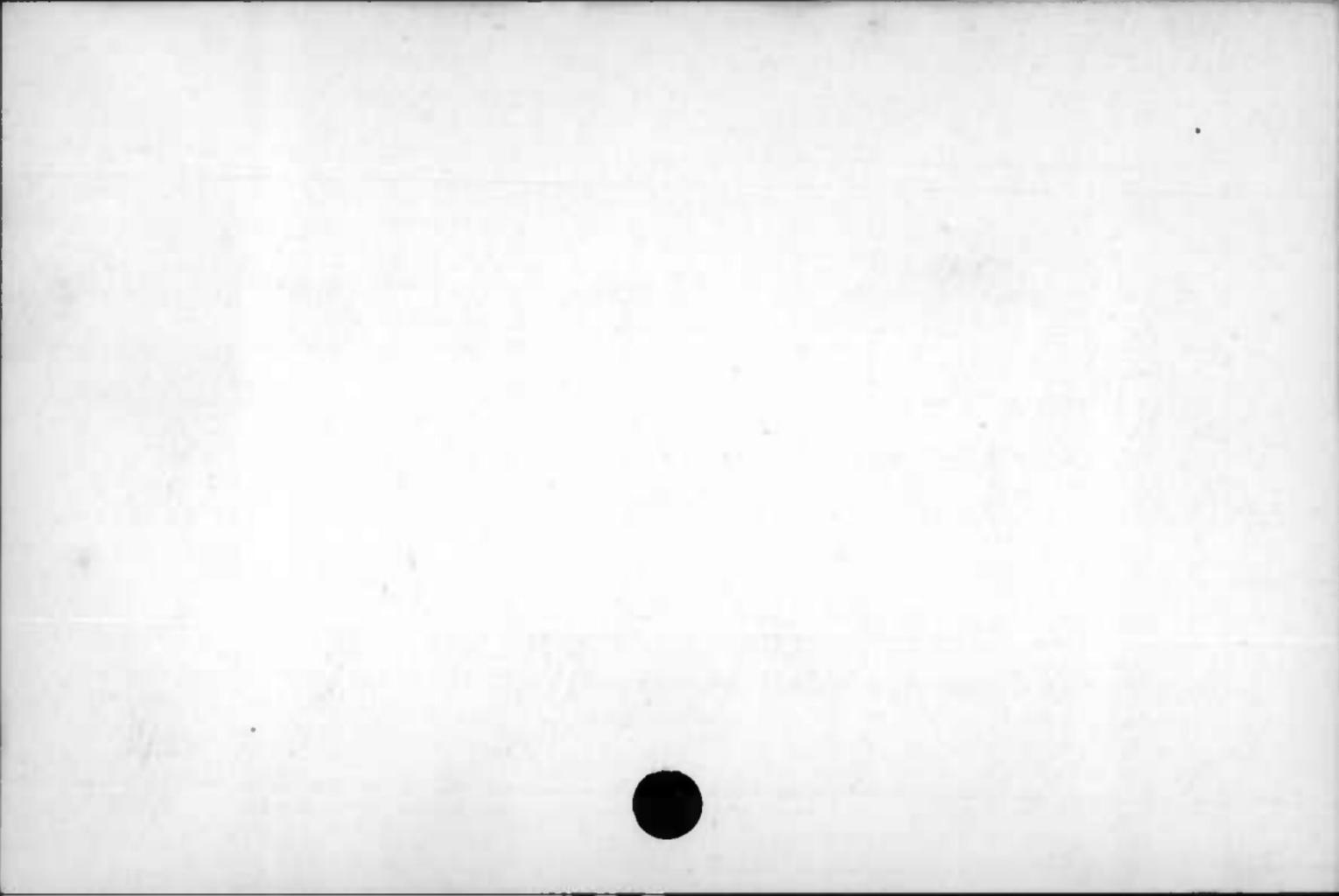
Signature of  
Physician

Address

C. A. Stultz M.D.

Woodsboro Md.

Accident or Suicide?



Name  
in  
Full

Annie M. Haukher

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	Frederick			County	Frederick		MARYLAND
Died at	Month	Day	Years	Months	Days		
Date of death	1908	8.	0	Age	49.	"	25
Sex	Female	Color or Race	White	Birth-place	Rocky Spring	nd	
Occupation	House wife			Where Residing if not at place of death	Frederick Md		
Married, Single or Widowed	Mamed	Name of Wife or Husband	GEO. Haukher	Father's Birthplace	Germany		
Father's Name	Henry Kornell			Mother's Birthplace	"		
Mother's Maiden Name	Elizabeth Quiss			How related to deceased	Son		
Name of person giving information	Her. Son						

CAUSES OF DEATH

42

Primary

Carcinoma of Uterus  
Hemorrhage

How long

2 Years

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

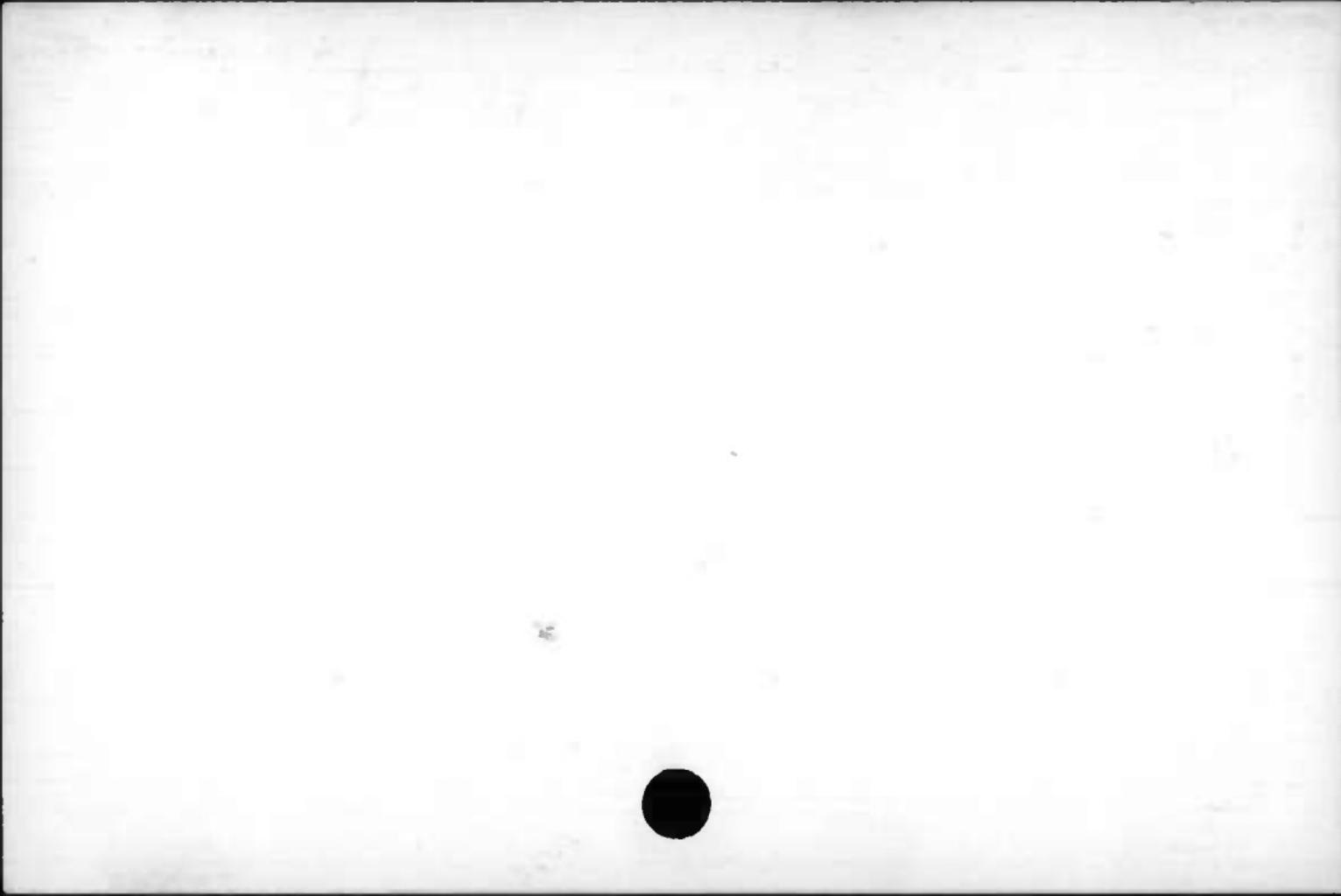
Signature of Physician

Address

Wm. M. Smith  
Frederick Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Atlee Firestone Haushew					CERTIFICATE OF DEATH		
Town	County	MARYLAND					
Died at Middletown	Frederick	Month	Day	Years	Months	Days	
Date of death 1908 Aug.	25 <sup>th</sup>	Age	—	3	9		
Sex Male	Color or Race White	Birth-place Maryland					
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name Wm. Haushew	Father's Birthplace Harmony, Md						
Mother's Maiden Name Alice Firestone	Mother's Birthplace						
Name of person giving information	How related to deceased						
CAUSES OF DEATH							
Primary Morasmus	179						
Immediate Exhaustion	How long 5 weeks						
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician						
Address	A. G. Lucas						
Accident or Suicide	Middletown Md						

PHYSICIAN  
OR CORONER



Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at <u>Middleton</u> Town <u>Frederick Co.</u> County				MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>6th</u>	Years <u>14 -</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Frederick Co</u>			
Occupation <u>None -</u>			Where Residing if not at place of death <u>Broad Run -</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>	Father's Birthplace <u>Maryland</u>			
Father's Name <u>Cornelius Harley</u>	Mother's Birthplace <u>"</u>				
Mother's Maiden Name <u>Narcissa Willard</u>	How related <u>Sister</u>				
Name of person giving Information <u>maggie Harley</u>					
CAUSES OF DEATH					
Primary	<u>Scuse Fracture -</u>				How long <u>1 day</u>
Immediate	<u>Shock -</u>				How long <u>-</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address		
<u>yes</u>		<u>T.G. Poole M.D.</u>	<u>Quinterville -</u>		
<u>(over)</u>		<u>Maryland.</u>			

PHYSICIAN  
OR CORONER

Accident Child

While riding a horse over a newly plowed field,  
the horse threw him, and it is thought bad  
on him as he was away all night, and found  
next morning when the horse returned without its  
rider. He never gained consciousness.

Name  
in  
Full

John S. Harshman,

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	Aug.	7	Age 66
Sex	Color or Race	Birth-place	Days
Male	White	Waldsville	7
Occupation	Where Residing if not at place of death		
Farmer	Waldsville, Myerstown		
Married Single or Widowed	Name of Wife or Husband	Nancy Harshman,	
Father's Name	John Harshman		
Mother's Maiden Name	Elizabeth Grasmickly		
Name of person giving information	J. L. Loyal Harshman,		

CAUSES OF DEATH

63

PHYSICIAN  
OR CORONER

Primary

Progressive Muscular Atrophy

How long

5 yrs.

Immediate

Gangrene

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Ralph Browning  
Myerstown, Md.

Accident or Suicide?



Name  
in  
Full

Samuel Harshman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ellertown	Fredrick		Months	Days	
Date of death	Month	Day	Years	3	24
1908	Aug.	8	Age	66	
Sex	Male	Color or Race	White	Birth-place	Ellertown
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Barbara Harshman		
Father's Name	Geo. Harshman		Father's Birthplace		
Mother's Maiden Name	Mary Catharine		Mother's Birthplace		
Name of person giving information	Mary Harshman		How related to deceased	Daughter.	

CAUSES OF DEATH

79

How long

Indefinite.

Primary

Organic Heart Disease.

Immediate

Dilatation (3rd or 4th breakdown)

3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

R. H. Hope M.D.

Address

Myersville

Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

1



Name  
in  
Full

Tabitha Melvina Herbert

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Disease	
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Arthur Herbert			Father's Birthplace	MD
Mother's Maiden Name	Stella Digg			Mother's Birthplace	MD,
Name of person giving information	Arthur Herbert			How related to deceased	Father

CAUSES OF DEATH

179

How long

2 mos

How long

PHYSICIAN  
OR CORONER

Primary

Malaria

Immediate

Are the name, age, sex, color, date and place correctly given above?

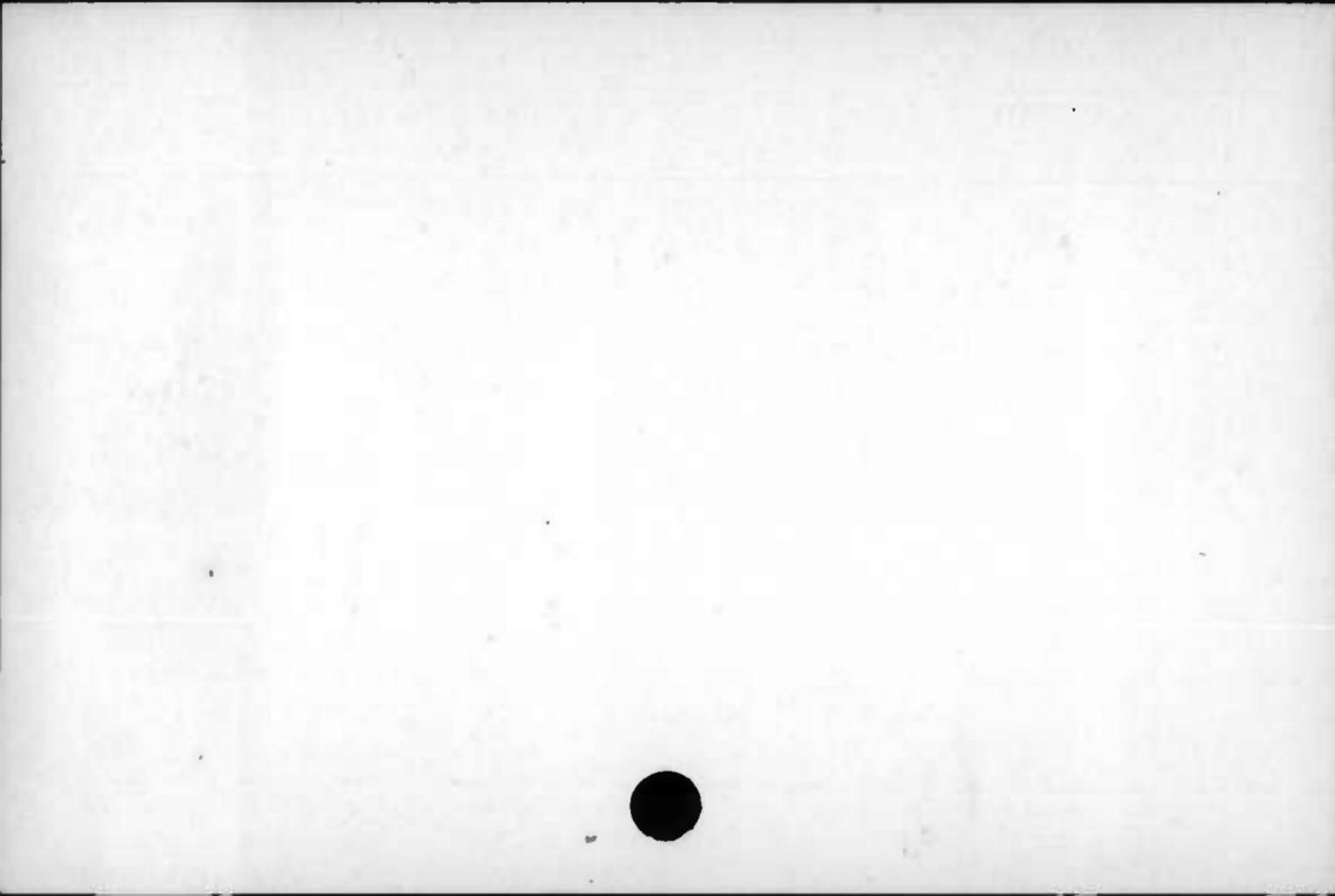
Yes

Signature of Physician

Address

T. Clyde Roche  
Hickystone

Accident or Suicide?



Name  
in  
Full

John P. Stoar

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND
Brunswick	Frederick	
Died at		
Date of death 1905	Month Aug	Day 25
	Age 75	Years
		Months
Sex Male	Color or Race White	Days
Occupation Laborer	Where Residing if not at place of death	
Married, Single or Widowed married	Name of Wife or Husband Sarah Anderson	
Father's Name unknown	Father's Birthplace unknown	
Mother's Maiden Name unknown	Mother's Birthplace unknown	
Name of person giving information John Stoar	How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera Mosquitoes

106

How long

11/15

Immediate

General Exhaustion

How long

6 M. S.

Are the name, age, sex, color, date and place correctly given above?

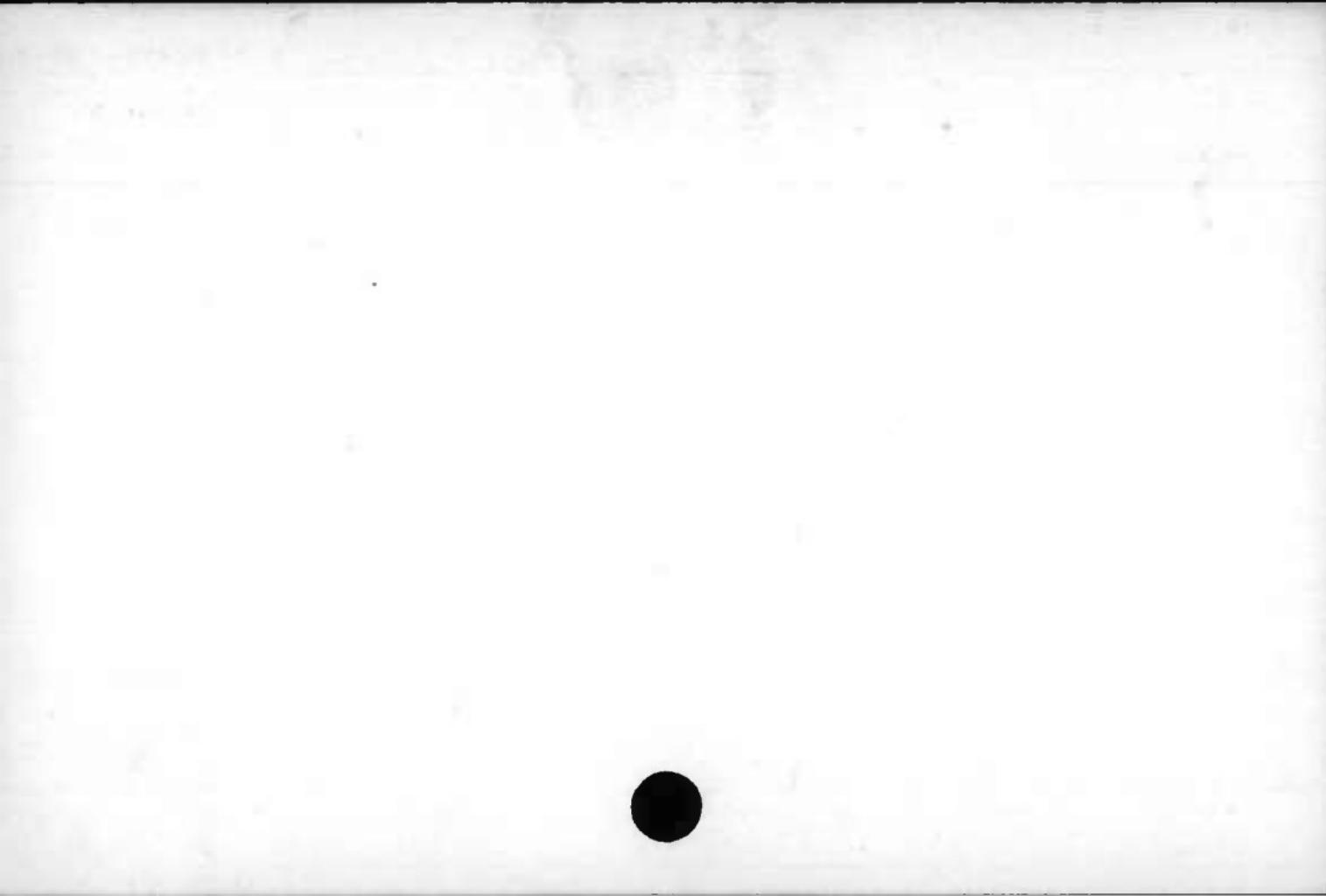
yes

Signature of Physician

Address

John Stoar  
Brunswick  
Frederick Co.

Accident or Suicide



Name  
in  
Full

Melrose Mary Hobbs

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Emmitsburg		Emmitsburg		
Mother's Maiden Name	Emmitsburg		Emmitsburg		
Name of person giving information	Mother		Mother		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary

Pulmonary tuberculosis two years

Immediate

General asthma six months

Are the name, age, sex, color, date and place correctly given above?

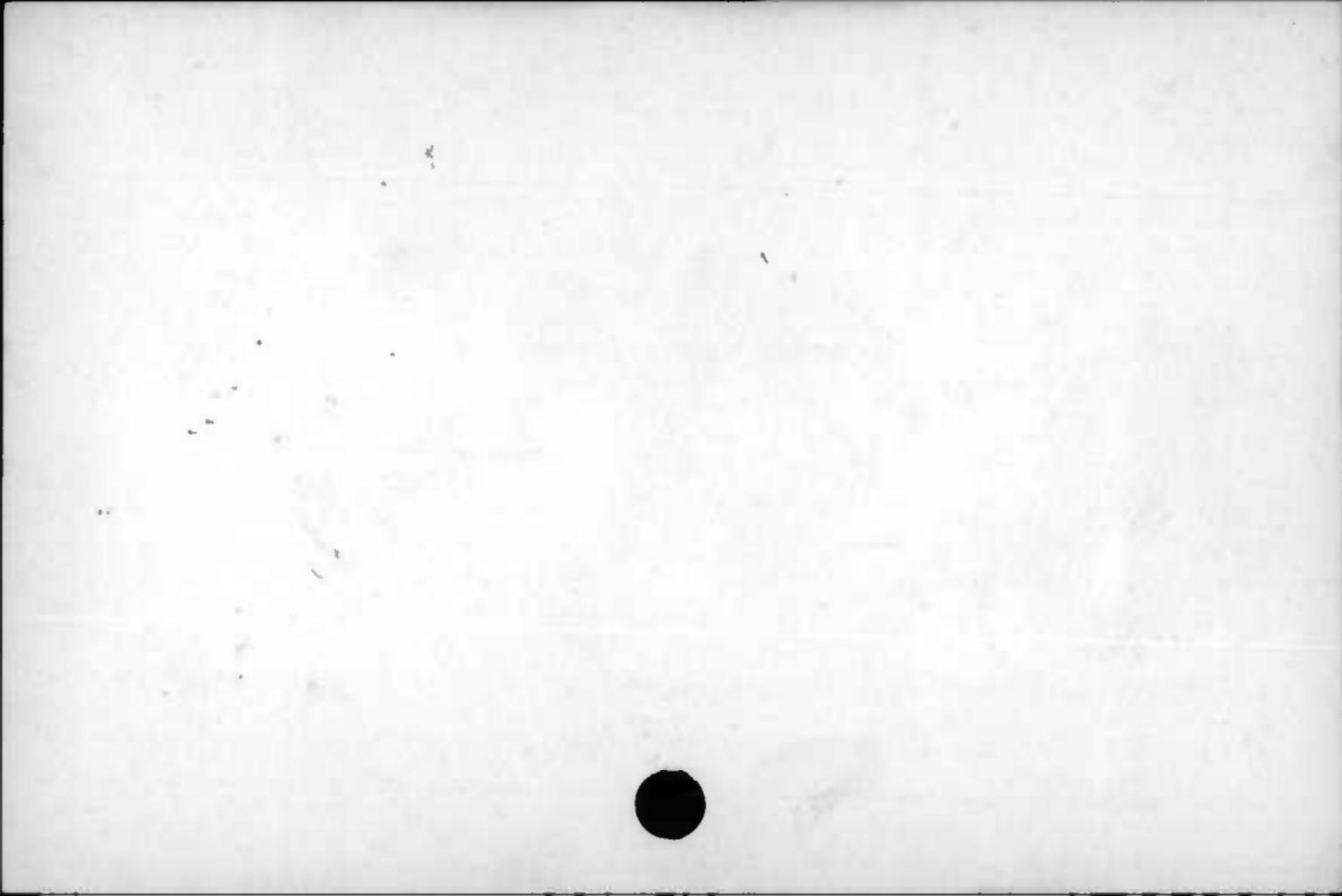
Signature of Physician

Address

B. J. Jamison

Emmitsburg  
Md.

Accident or Suicide?



Name  
in  
Full

Annie Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

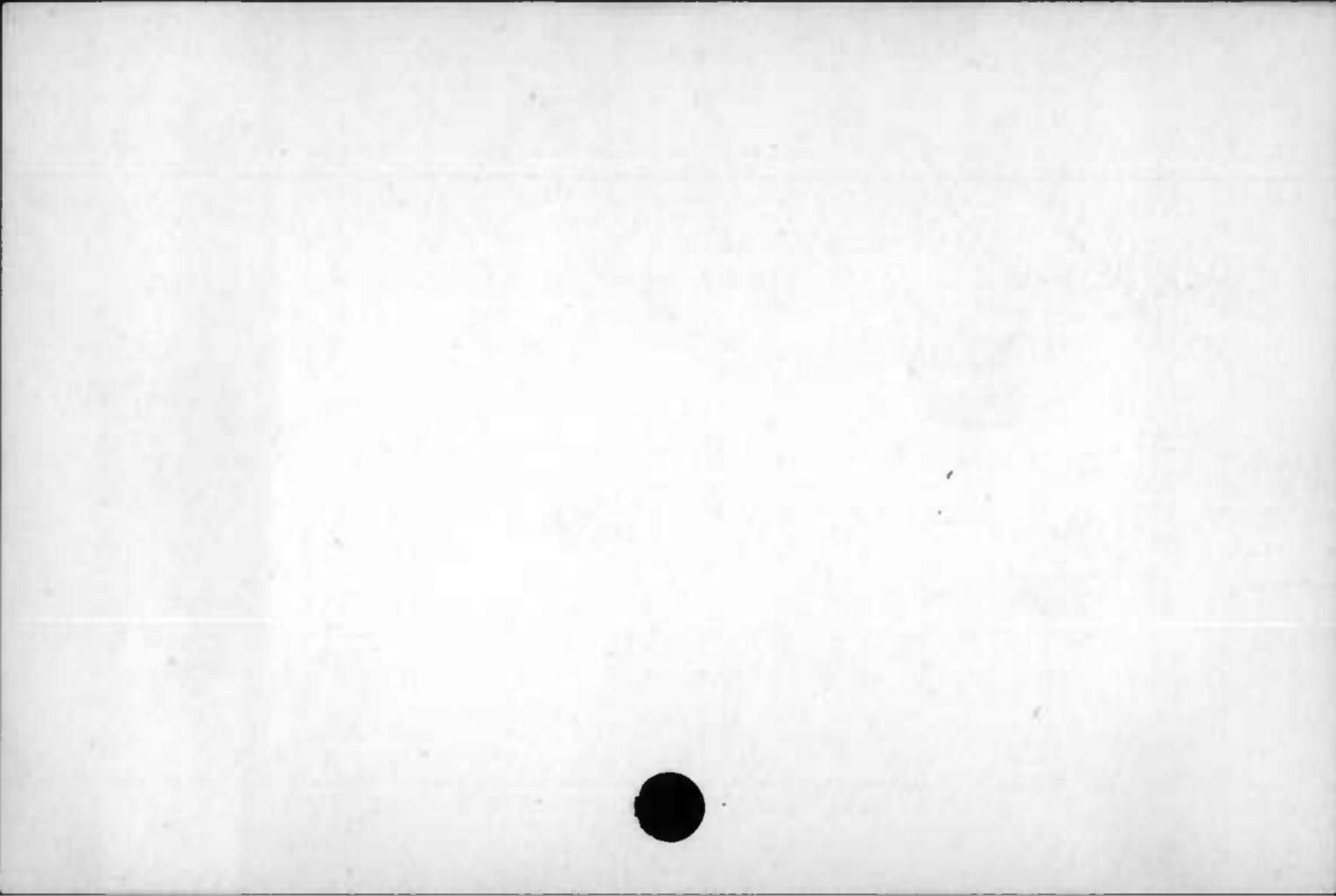
Died at	Town	County	MARYLAND		
Died at	Mountevere Hospital	Frederick			
Date of death	Month	Day	Years	Months	Days
1908	8 <sup>th</sup>	10	30	1	1
Sex	Female	Color or Race	Black	Birth-place	Md.
Occupation	Unknown	Where Residing if not at place of death	+		
Married, Single or Widowed	Single	Name of Wife or Husband	X		
Father's Name	Unknown	Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown	Mother's Birthplace	"		
Name of person giving information	Charity Posey - (matron)	How related to deceased	None		

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis		How long	1 year or more
Immediate	Exhaustion		How long	Several weeks
Are the name, age, sex, color, date and place correctly given above?	As far as could be ascertained	Signature of Physician	Address	W. G. Bourne M.D. Frederick, Md.
Accident or Suicide?				



Name  
in  
Full

Infant of Bruce Holland

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>own</sup> Frederick		County <sup>own</sup> Frederick		MARYLAND	
Date of death	Month 1908	Day 8	Years 12	Age 0	Months 0
Sex Female	Color or Race Black	Birth-place Frederick			
Occupation	Where Residing if not at place of death Same				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bruce Holland				
Mother's Maiden Name	Adora Wilkerson				
Name of person giving information	Bruce Holland				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Still Born contributing cause unknown

How long

Immediate

X

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

U. G. Brown  
Frederick, Md

Accident or Suicide?

No

Vermont Aug 13 - 08  
" at Greenmount

Thomas P. Rice F.O.

Dr Bourne

— — —

Dr. McCurdy

Name  
in  
Full

Josiah R. Hughes.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town Died at	Frederick		County	Frederick.	
Date of death 1908	Month Aug.	Day 1	Years Age 65	Months 2	Days 23
Sex Male	Color or Race white	Birth- place Virginia	Point of Rocks.		
Occupation Ravvois	Where Residing if not at place of death		Eliza R. Hughes.		
Married, Single or Widowed	Name of Wife or Husband Eliza R. Hughes.	Father's Name Geo. Hughes.	Father's Birthplace Unknown		
Mother's Maiden Name Mary Gardner.	Mother's Birthplace Unknown	Mother's Name Mary Gardner.	Mother's Birthplace Unknown		
Name of person giving Information	How related to deceased			84	

CAUSES OF DEATH

Primary  
Adenitis of Maryland Islands

How long  
Two wks.

Immediate  
The cause by tumor of lungs due to adenitis 48 hours.

How long

Are the name, age, sex, color, date  
and place correctly given above?

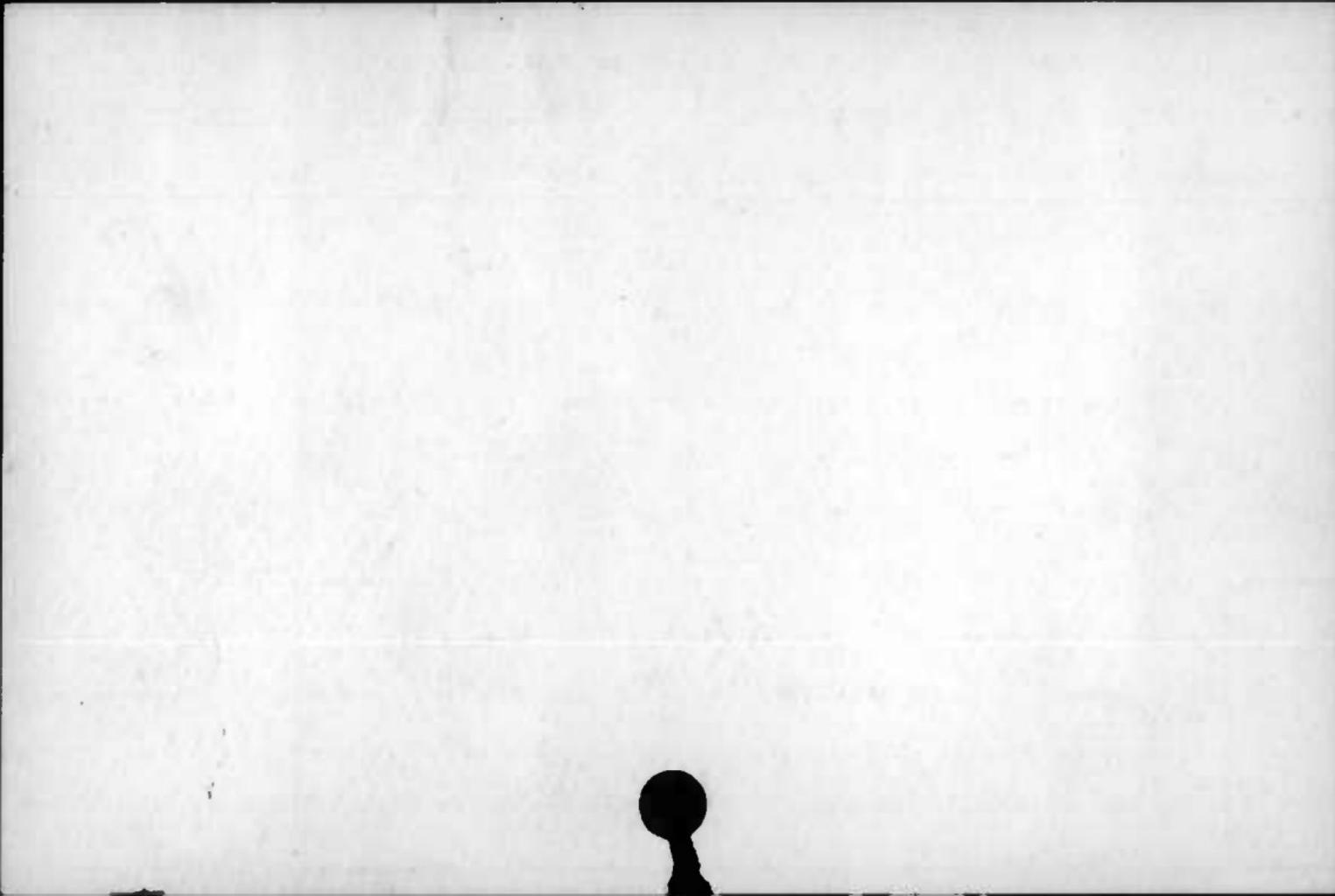
Signature of  
Physician

J. B. Johnson,  
Frederick, Md.

Address

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

P H Y S I C I A N  
O R C O R O N E R

Charles A. Kline

CERTIFICATE OF DEATH

MARYLAND

Died at Frederick Town Fredcrk County

Date of death 1908 Month 8 Day 9 Years 19 Months - Days -

Sex Male

Color or Race

White

Birth-place

F. Leo Mod

Occupation

Farm Laborer

Where Residing if not  
at place of death

Near Gracham

Married, Single  
or Widowed

Singe

Name of Wife or Husband

Father's Name

Martin E. Kline

Father's Birthplace

F. Leo Mod

Mother's Maiden Name

Anna R. Burger

Mother's Birthplace

" " "

Name of person giving information

Mr. Kline

How related to deceased

Father

CAUSES OF DEATH

Primary

Gun shot wound

166

Hour long

Unmedale

Immediate

Pneumus.

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

P. B. Johnson  
Indianside md.  
(over)

Accident or Suicide?

Internment at Doobis Cemetery  
" Aug 11 - 08

Thomas P. Rice F.D.

The shooting was accidental. He shot himself with shot gun. The load entered the left abdominal wall, perforating bowel, spleen and pleura.

Dr T. B. Johnson

Dr. Mc Lourdy

Name  
in  
Full

Michael Lehman Jr.

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1908	Aug	13	— 24
Sex	Color or Race	Age	Birth-place
male	white	6 years	Md
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Michael Lehman	Va		
Mother's Maiden Name	Mother's Birthplace		
Catherine Anderson	W Va		
Name of person giving information	How related to deceased		
mother			

CAUSES OF DEATH

93

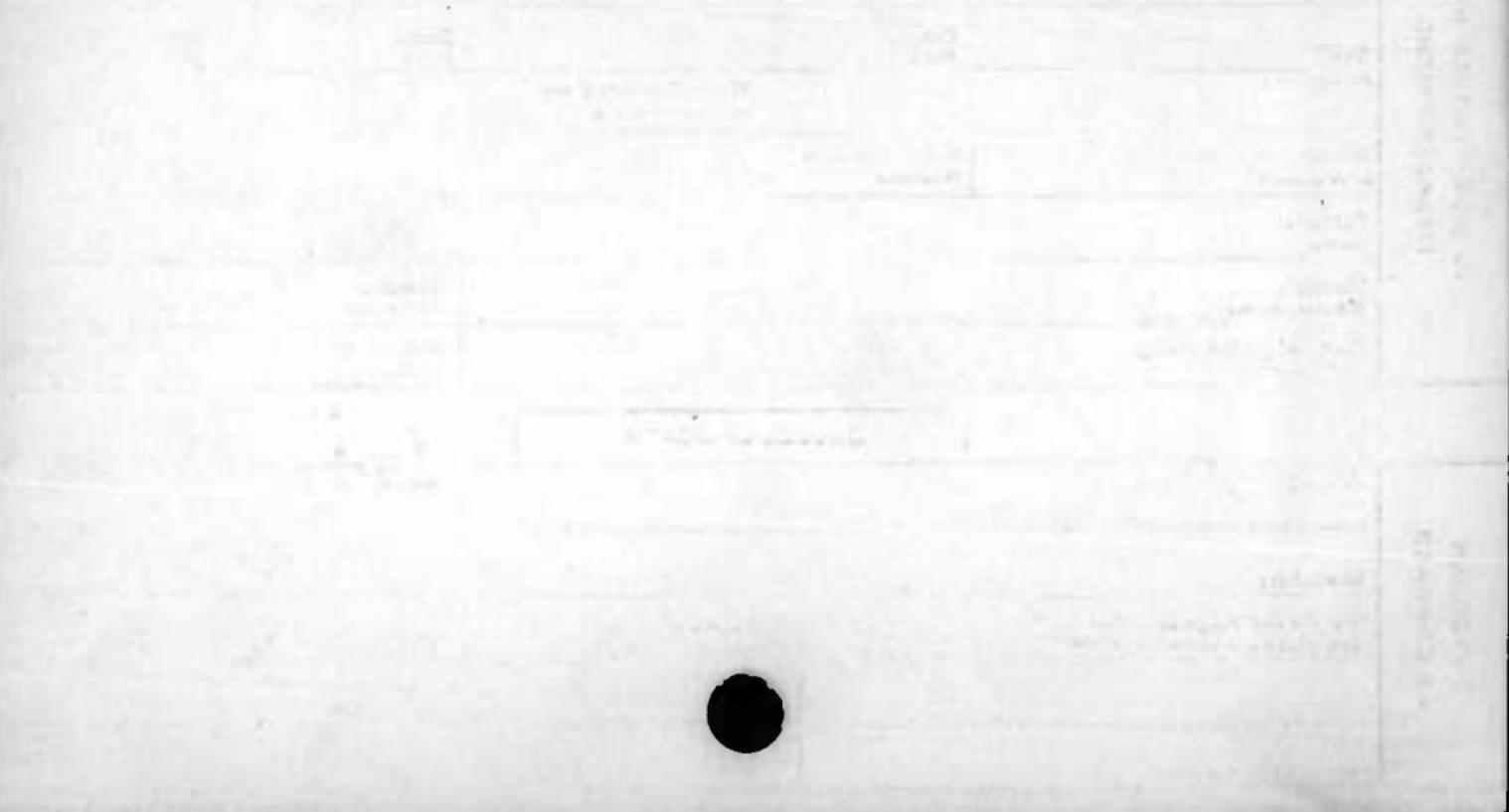
PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	2 weeks
Immediate	Meningitis	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Attorney
		Address	Baltimore Baltimore Md.
Accident or Suicide?			

卷之三

詩歌

七言



Name  
in  
Full

Barney Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town  
Fayetteville

County  
Frederick

MARYLAND

Date  
of death

1908

Month  
Aug

Day  
18

Years  
84

Months  
10

Days  
20

Sex  
male

Color or  
Race  
white

Birth-  
place  
Frederick, Md.

Occupation  
none

Where Residing if not  
at place of death

Married, Single  
or Widowed  
widow

Name of Wife or  
Husband  
Rebecca Lewis

Father's  
Name  
Wm Lewis

Father's  
Birthplace  
Md.

Mother's  
Maiden Name  
M. Sarah Wolf

Mother's  
Birthplace  
Md.

Name of person giving  
Information  
Alfred Lewis

How related  
to deceased  
Nephew.

CAUSES OF DEATH

154

How long  
2 weeks.

Primary

Senile debility - Dearrhœa

Immediate

Paralysis

How long  
1 week

Are the name, age, sex, color, date  
and place correctly given above?

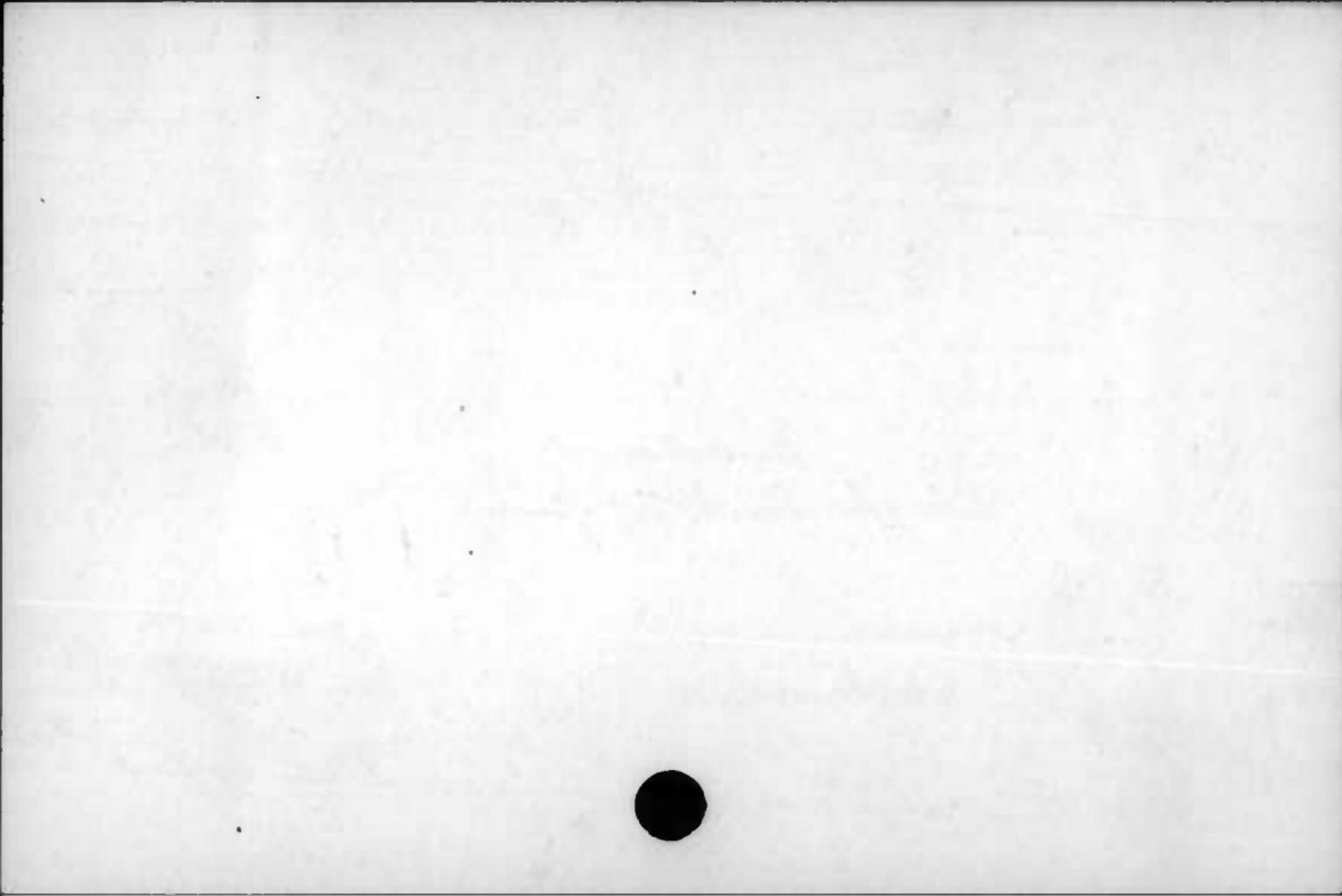
Signature of  
Physician

Address

Montgomery  
Thurmont  
Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Charles Macintire Jr.

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death	Place of birth			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Charles Macintire	Md.			
Mother's Maiden Name	Minnie Rodock	Md.			
Name of person giving information	Singletowne Duffping	How related to deceased			
CAUSES OF DEATH					
Primary	Hæmorrhage				
Immediate	Exhaustion.				
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	151		
I did see this child		Address	How long		
Accident or Suicide?	whilst living	Sappington & Pearson	one week		
		Linnoville	How long		
		Maryland	very short time		

PHYSICIAN  
OR CORONER

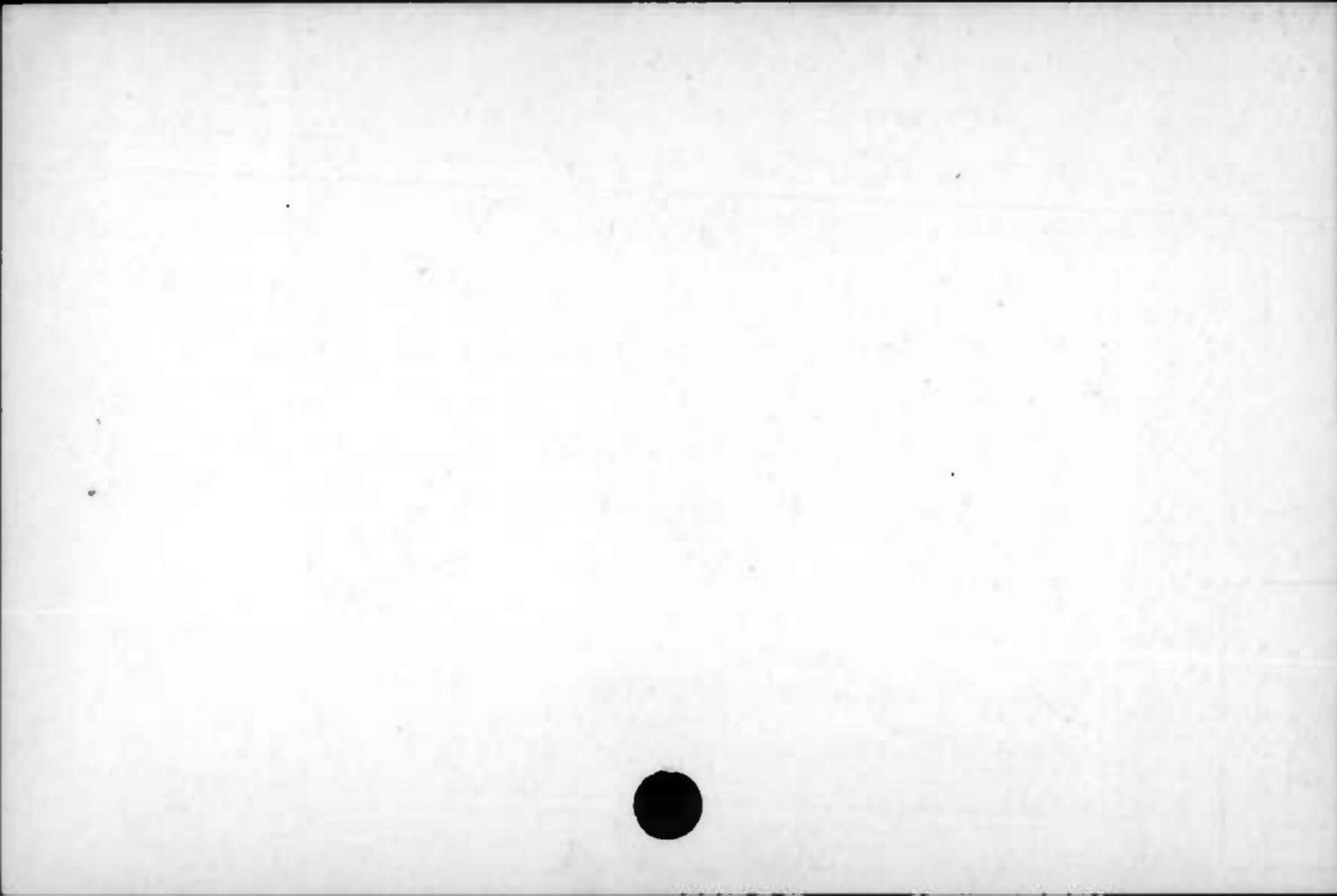


Signature of Physician

Sappington & Pearson

Linnoville

Maryland



Name  
in  
Full

John Mares

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND		
Died - Date of death	Month	Day	Years	Months	Days	
1908		8	14	Age	65	
Sex	Male	Color or Race	Black	Birth- place	Frederick	
Occupation	Laborer		Where Residing if not at place of death	Frederick		
Married, Single or Widowed	Married	Name of Wife or Husband	Jennie Stanton	Father's Birthplace	Frederick	
Father's Name	Benjamin Mares			Mother's Birthplace	Frederick	
Mother's Maiden Name	Mary Snowden			How related to deceased	Wife	
Name of person giving Information	Jennie Mares					
CAUSES OF DEATH						
Primary	Cerebral			64	Several days	
Immediate	Exhaustion			How long		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

W. G. Bourne, M.D.  
Frederick, Md.

Accident or Suicide?

Interment Aug 16 - 08  
" at Greenwood Cemetery

Thomas P. Rice F. I.

Dr Bourne,

Dr Goodell

Dr McBurdy

Name  
in  
Full

Harry T. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John T. Martin		Father's Birthplace	W. Va	
Mother's Maiden Name	Annie W. Martin		Mother's Birthplace	W. Va	
Name of person giving information	Jr T. Martin		How related to deceased	Father	

CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary

Convulsions

How long

2 days

Immediate

Cholera

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

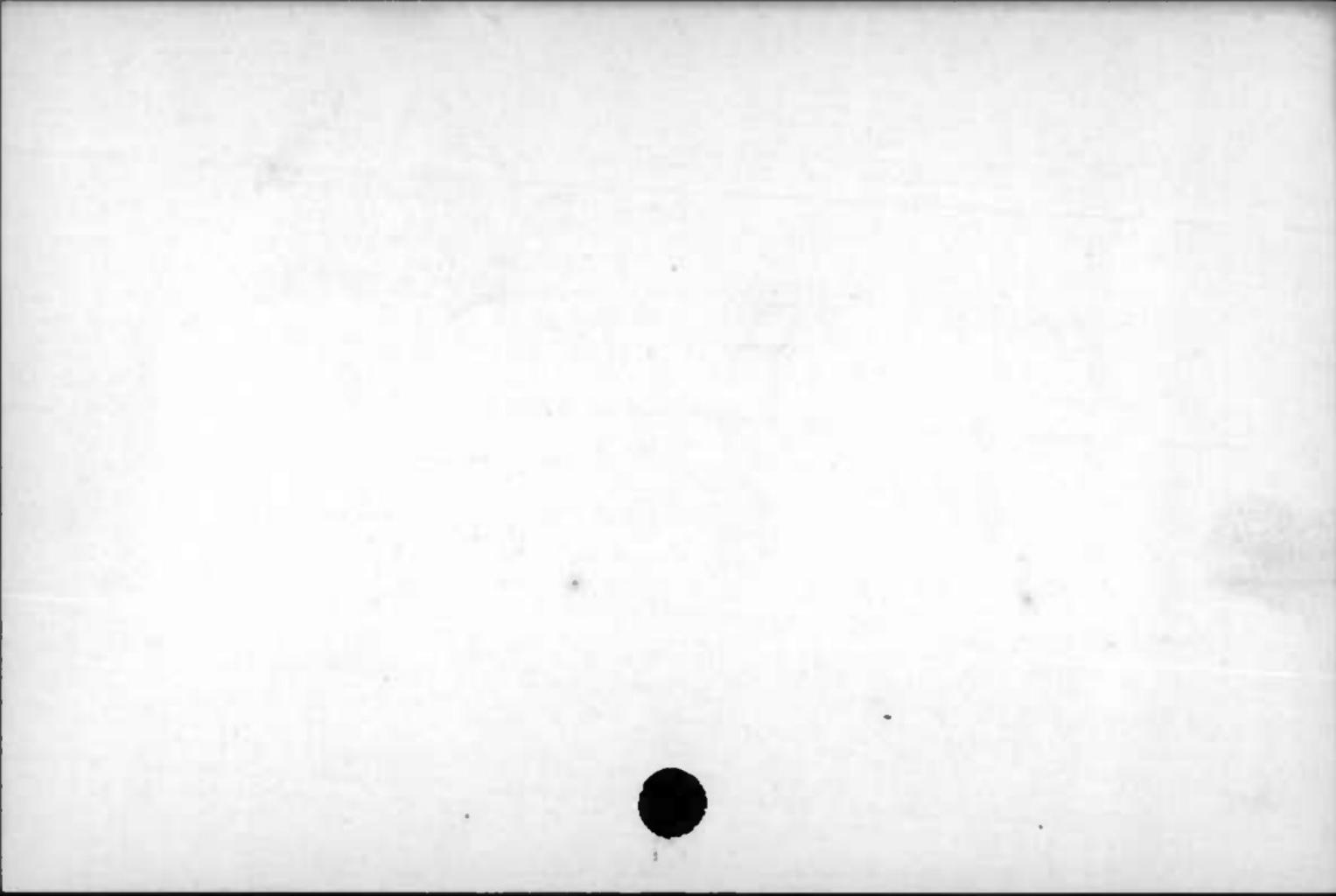
Signature of Physician

Address

H. S. Hadgs

Brunswick -  
Md.

Accident or Suicide?



Name  
in  
Full

Kohl. A. Meassell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Alice M. Forrest				
Father's Name	Merle					Father's Birthplace
Mother's Maiden Name	Ann R. Stridman					Mother's Birthplace
Name of person giving information	Alice R. Meassell					How related to deceased

CAUSES OF DEATH

120

How long

18 months

How long

3 days

PHYSICIAN  
OR CORONER

Primary

Interstitial Nephritis

Post-nephritis & nephritis due to Patent medicine

Immediate Foma - Urosemic Poisoning -

Are the name, age, sex, color, date and place correctly given above?

Yes

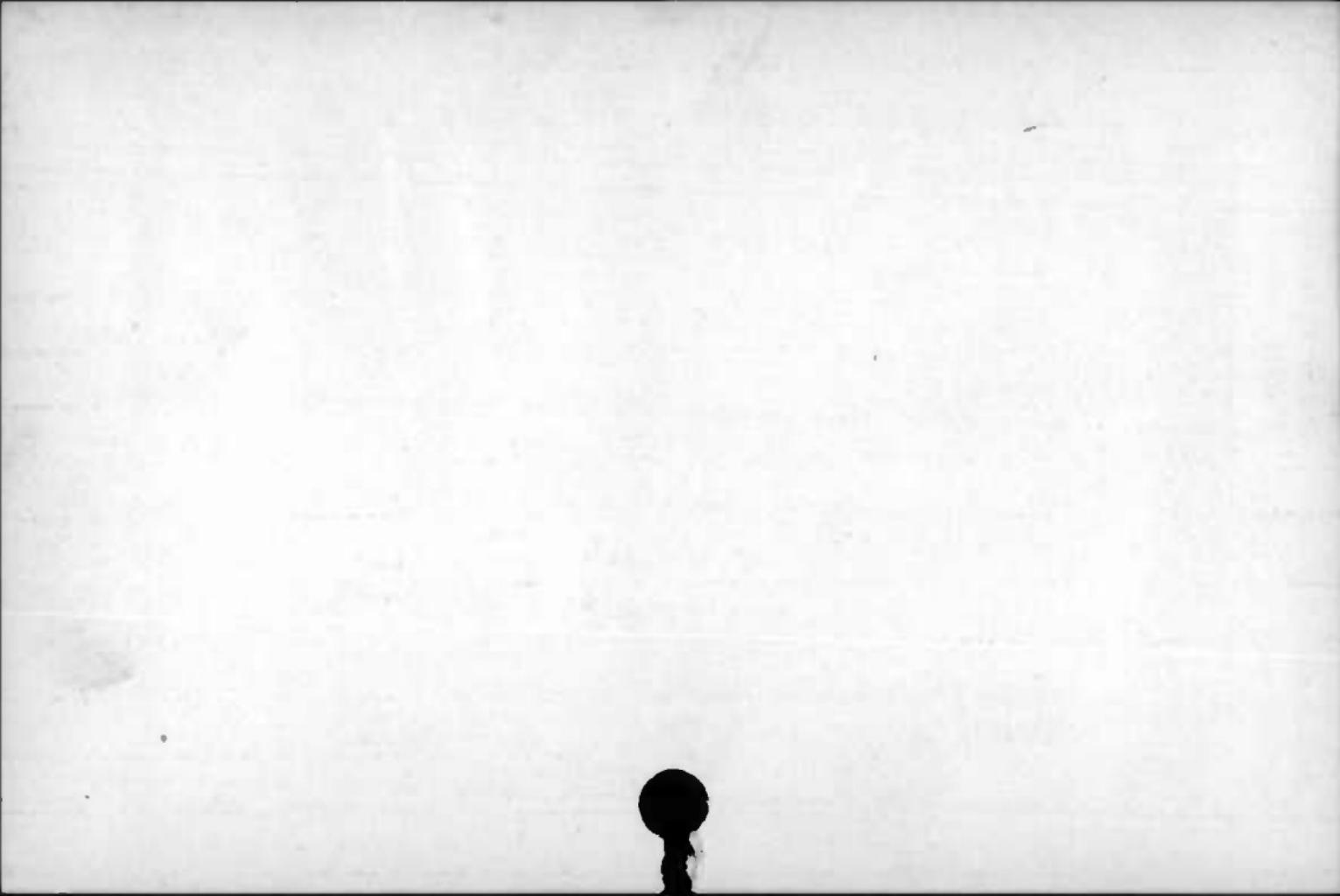
Signature of Physician

Address

C.W.R. Cross, M.D.

Brunswick, Md.

Accident or Suicide?



Name  
in  
Full

Alice Michael

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908 Aug	2		Age	18	19
Sex	Color or Race	Birth- place			
Female	white	md			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
single	Benjamin B Michael	Father's Name	Md		
Mother's Maiden Name	Blanch Nichols	Mother's Name	Md		
Name of person giving Information	David Grimes	How related to deceased	uncle		

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	Gastroenteritis	How long	30 hours
Immediate	Convulsions	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Al Horine
Yes		Address	Brunswick Md.
Accident or Suicide?		No	

/



Name  
in  
Full

Josiah N. Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	86	4.	6.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hansomville			
Father's Name	John Miller	Father's Birthplace	Md.		
Mother's Maiden Name	Sarah Hearn	Mother's Birthplace	Md.		
Name of person giving information	J. Lloyd Palmer	How related to deceased	Nephew		

CAUSES OF DEATH

116

PHYSICIAN  
OR CORONER

Primary

Peritonitis

How long

Week

Immediate

Toxemia Heart Failure

How long

few mo.

Are the name, age, sex, color, date and place correctly given above?

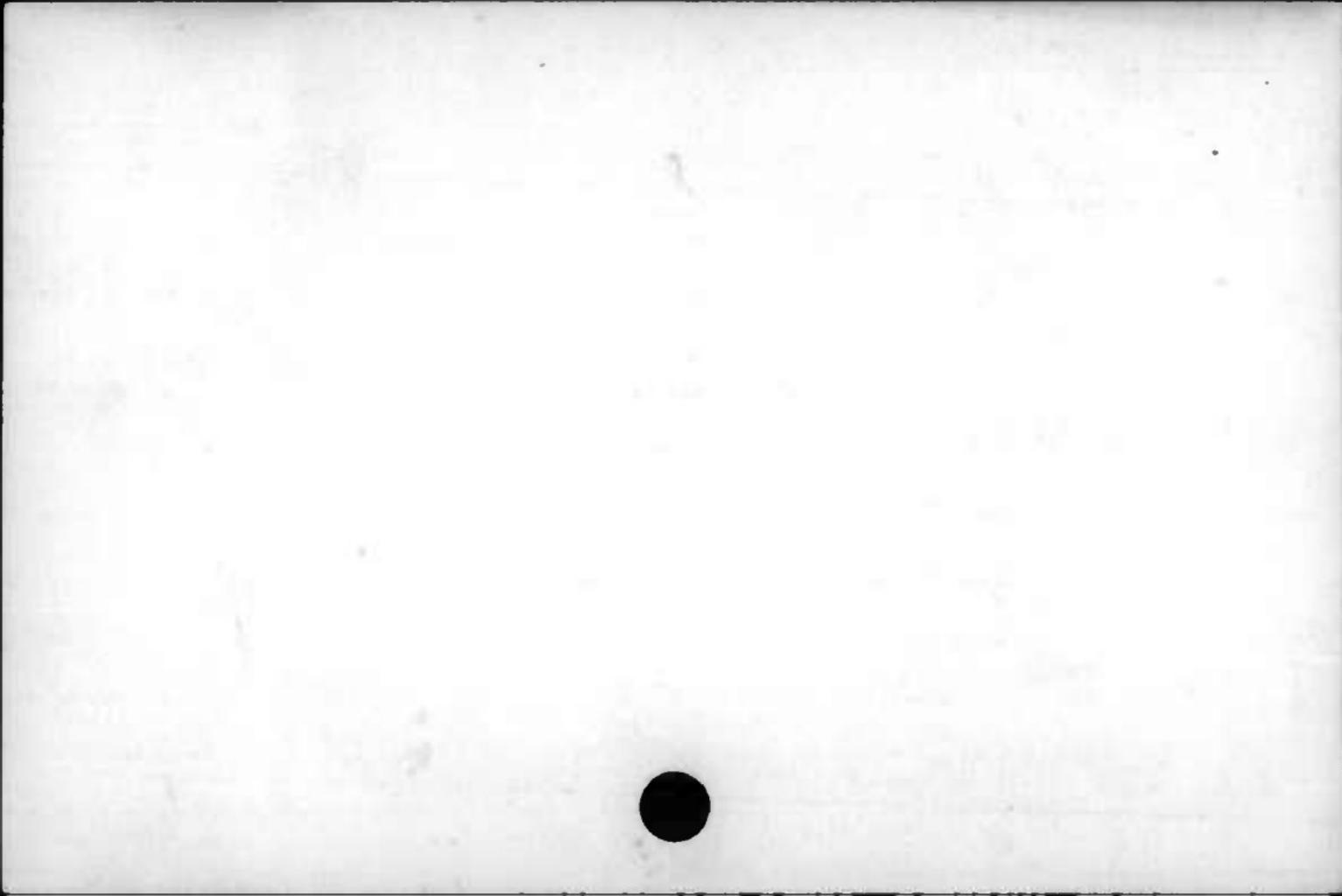
yes

Signature of Physician

Address

O. E. Rillieux  
Frederick

Accident or Suicide?



Name  
in  
Full

Mobley

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Birth- place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George Lewis Mobley					Father's Birthplace
Mother's Maiden Name	Pleasant B Gurley					Mother's Birthplace
Name of person giving Information	George L Mobley					How related to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

Habits

Immediate

Still Born

7 P.M.

Are the name, age, sex, color, date  
and place correctly given above?

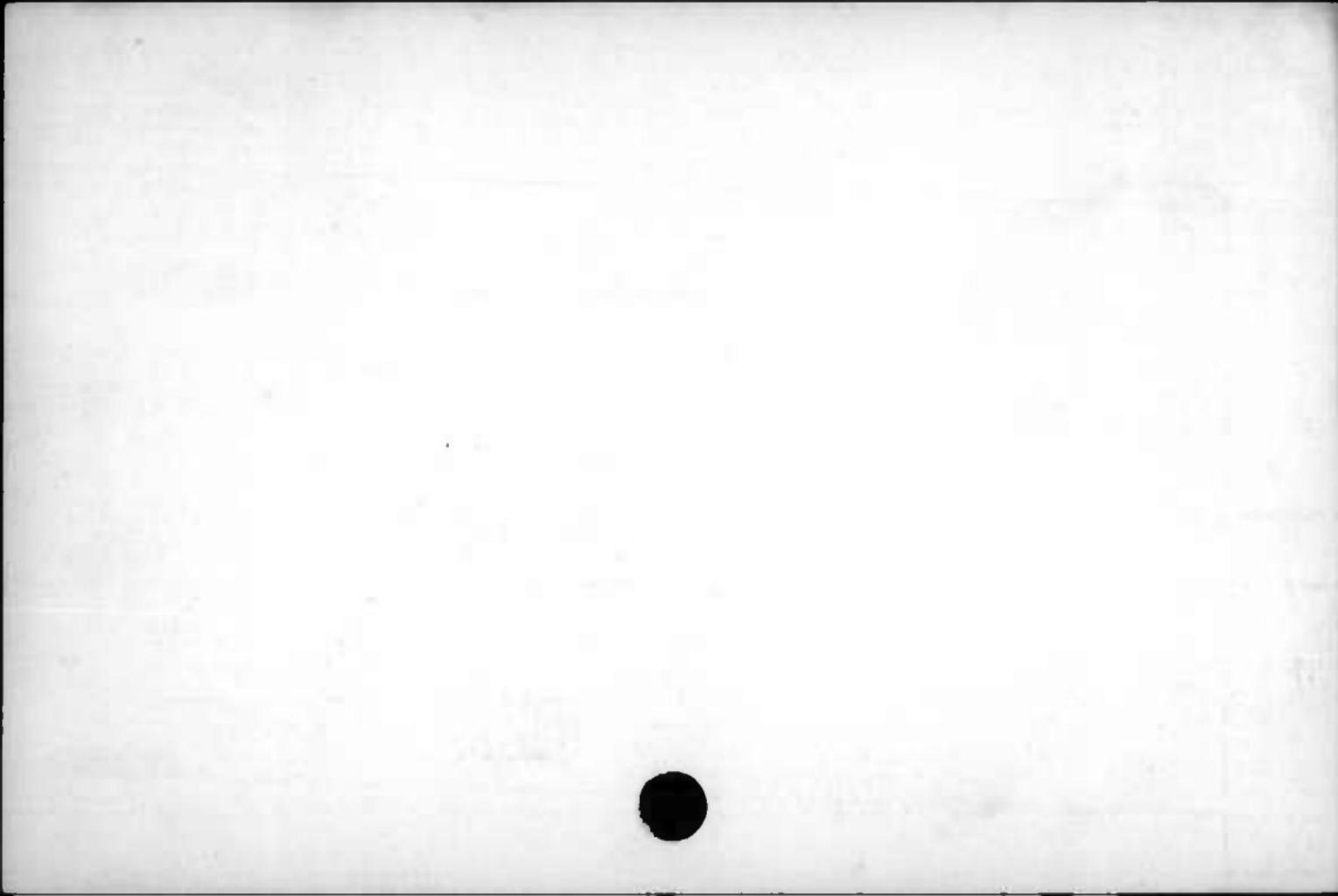
Signature of  
Physician

H. H. Hedgen

Address

Fredrick

Accident or Suicide?



Name  
in  
Full

Susan Anne Montgomery

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1908	8	27	76	3	14	
Sex	Female	Color or Race	white	Birth-place Frederick Co. Md.		
Occupation	Housewife		Where Residing if not at place of death	at place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband	John Wesley Montgomery			
Father's Name	John Thompson		Father's Birthplace	Frederick Co Md		
Mother's Maiden Name	Ellen Preston		Mother's Birthplace	" " "		
Name of person giving information	John T. Montgomery		How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	
Immediate	Conus-	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	George H. Riggs MD Jamestown Md.	



Name  
in  
Full

Henry Morris Nixdorff

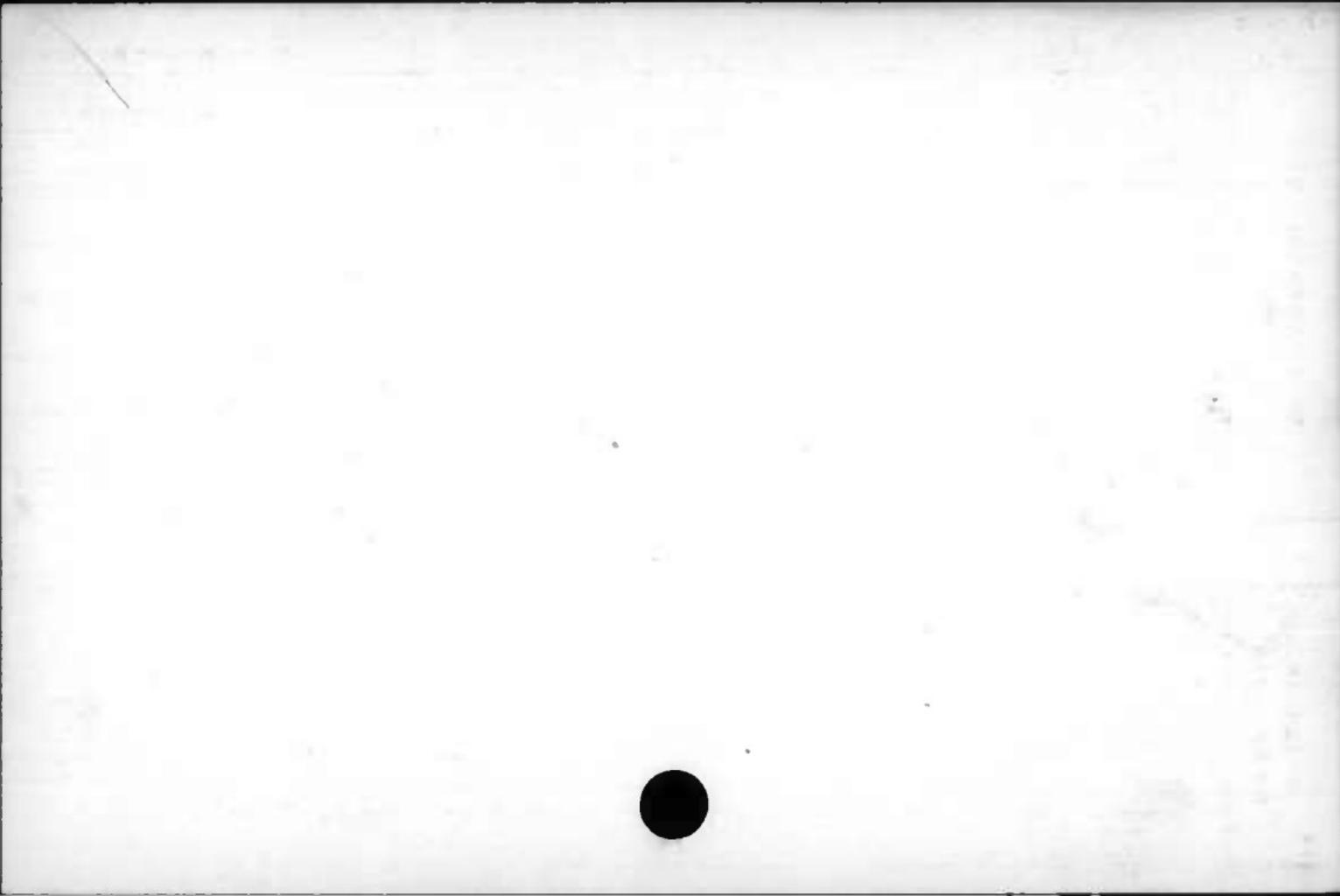
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND	
Died at	Frederick	Month	County	Frederick	
Date of death	1908 Aug	Day	Years	Months	Days
Sex	Male	Color or Race	Age 78	six	22
Occupation	Where Residing if not at place of death			x	
Married, Single or Widowed	Single	Name of Wife or Husband	x	Father's Birthplace	Frederick
Father's Name	Henry	Mother's Maiden Name	Susanne Medlar	Mother's Birthplace	Frederick
Name of person giving information	f. B. Smith	How related to deceased	nephew	How long	x
CAUSES OF DEATH					
Primary	Heart Failure -			179	
Immediate				How long	x
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	Bucklin Richardson	
			Address	Frederick Md	

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Adus Gilbert Norwood

16.

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Maryland		
Mother's Maiden Name	Maryland		
Name of person giving information	How related to deceased		

1908 8 19      30

Male      white      New Market

—      —

Single      —

Jacob S Norwood      Father

Effie Bell      Father

Jacob S Norwood      Father

CAUSES OF DEATH

105

Primary

Inanition

How long

from birth

Immediate

Gastro - Enteritis

How long

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Histoplasmosis Md

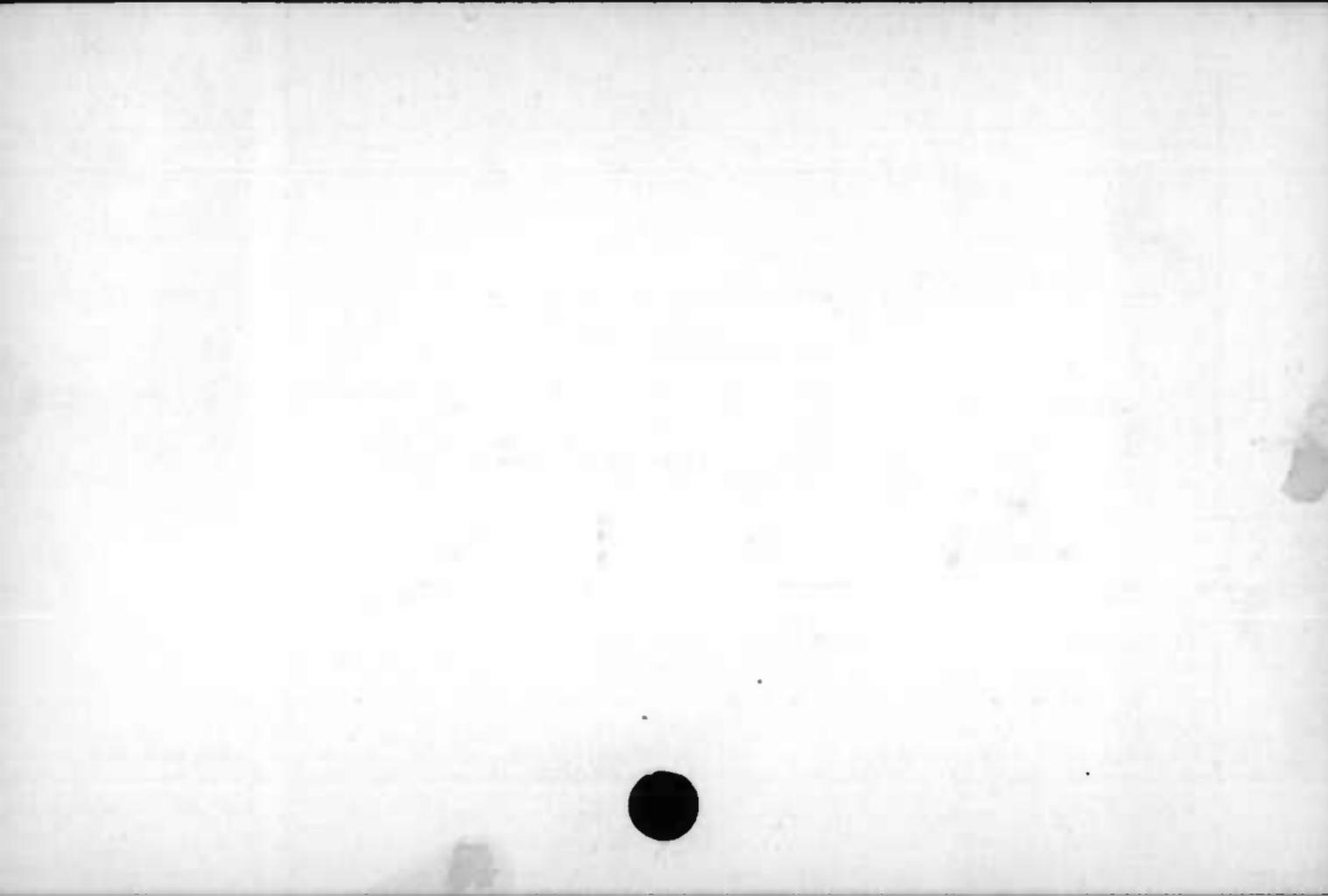
New Market

Md

Accident or Suicide?

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie R. Orr

Town

Died Near Harmony

Month

of death 1908 August 10<sup>th</sup>

Day

County

Frederick

CERTIFICATE OF DEATH

MARYLAND

Days

Months

Years .

Age

39

Birth-place

Sex Female

Color or  
Race

White

Yellow Springs

Occupation

House wife

Where Residing if not  
at place of death

Married, S-  
or Widowed

Name of Wife or  
Husband

Samuel Orr

Father's  
Name

George H. Stone

Father's  
Birthplace

Yellow Springs

Mother's  
Maiden Name

Lucydia Cannon

Mother's  
Birthplace

Name of person giving  
Information

Samuel Orr

How related  
to deceased

Husband

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

Primary

Pulmonary Tuberculosis

27

How long

Year

Immediate

Asthma

How long

Are the name, age, sex, color, date  
and place correctly given above?

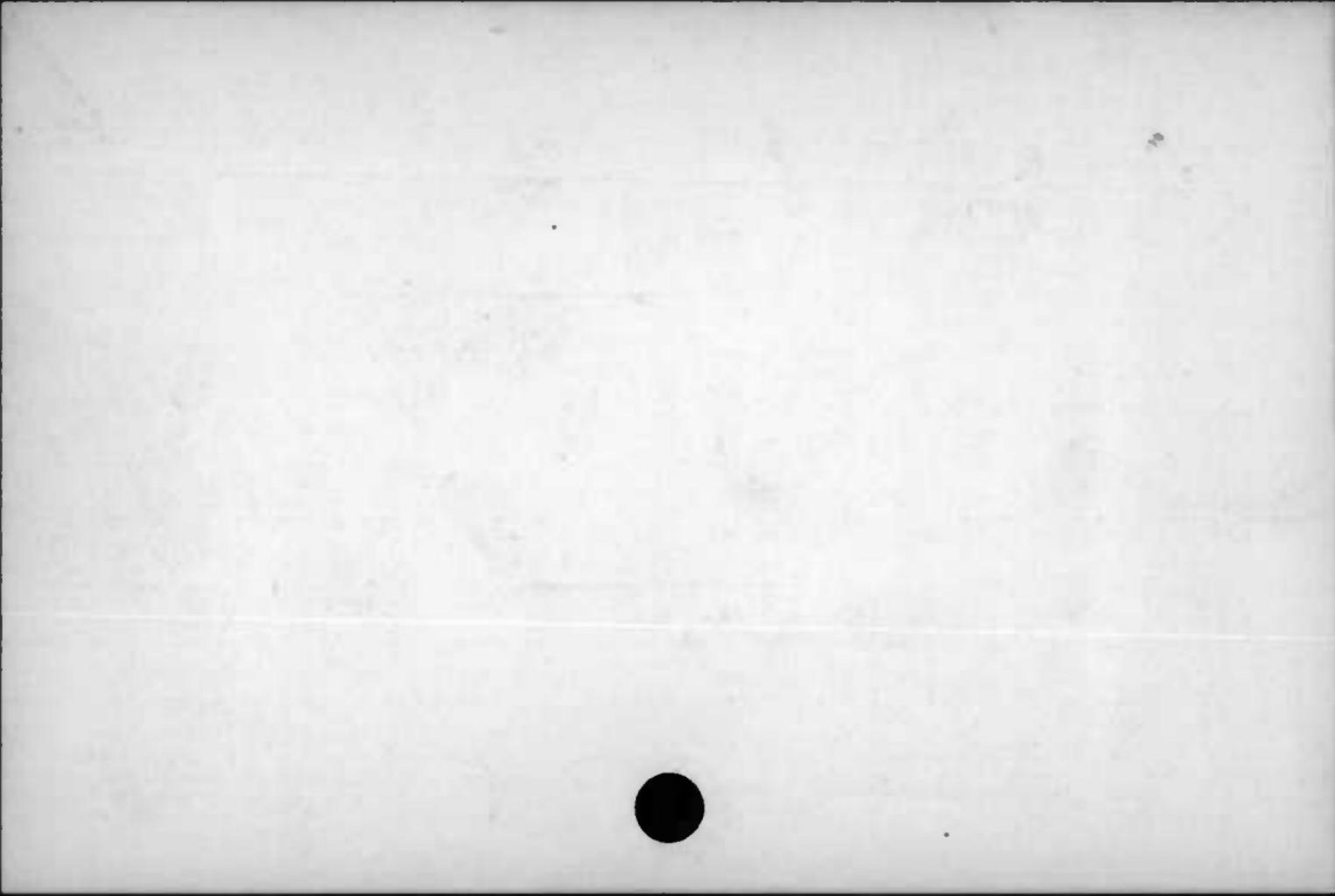
Signature of  
Physician

Address

Dr. H. P. Fahrney

Frederick  
Md.

Accident or Suicide?



Name  
in  
Full

Joseph Osaki

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

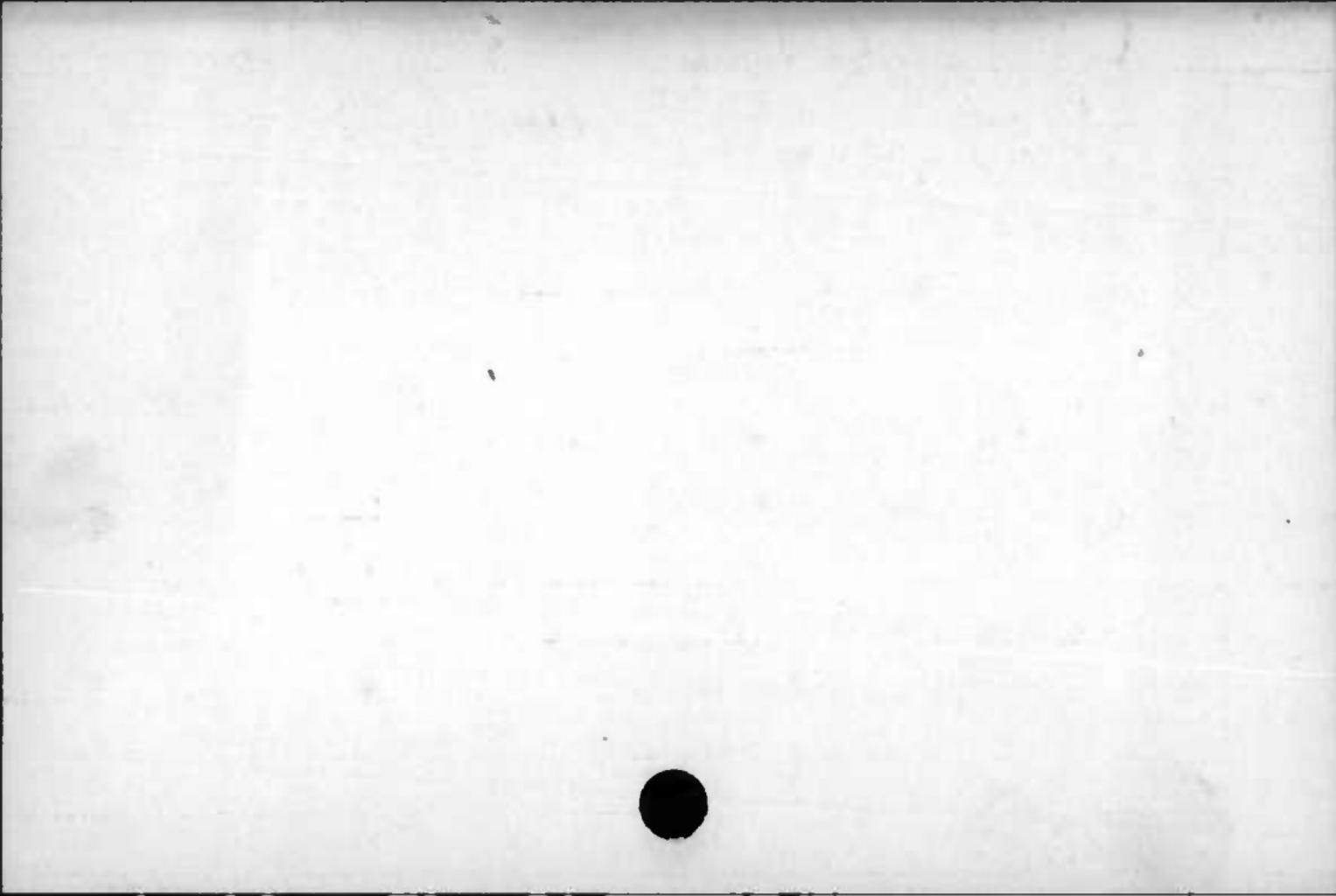
Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
1908	Aug	9	4
Sex	male	Color or Race	white
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John Osaki	Father's Birthplace	Hungary
Mother's Maiden Name	Paulina Sorentrup	Mother's Birthplace	Hungary
Name of person giving information	John Osaki	How related to deceased	Father
CAUSES OF DEATH			
Primary	Horse kick		
Immediate	Gastroenteritis		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lemire West
yes		Address	Baltimore Frederick Co
Accident or Suicide?			

179

PHYSICIAN  
OR CORONER

3 mo

How long



Name  
in  
Full

Margaret V Patterson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Edward Patterson				
Mother's Maiden Name	Agnes Unger				
Name of person giving information	Agnes Unger				
CAUSES OF DEATH					
Primary	Icterus				
Immediate	How long				
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	151		
		Address	How long		

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

A. Horine  
Brunswick  
Md

1970

1970

1970



Name  
in  
Full

George Dunlap Potts

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	County			MARYLAND		
Died at Frederick	Frederick					
Date of death 1908	Month 8	Day 20	Years 43	Months 8	Days 24	
Sex Male	Color or Race White	Birth-place Alabama				
Occupation Clerk	Where Residing if not at place of death St. Louis Mo.					
Married, Single or Widowed Married	Name of Wife or Husband Rose Greenan					
Father's Name Richard Potts	Father's Birthplace St. Louis Mo.					
Mother's Maiden Name Eugenia Dunlap	Mother's Birthplace Kentucky					
Name of person giving information Arthur Potts	How related to deceased Uncle					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Chronic Paroxysmal Ague Gradual.  
Immediate Convulsions After min.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. M. Johnson MD,  
Frederick Md

Accident or Suicide?

Interred Aug 22- 08  
" at Mt Olivet

Thomas P. Rice. F.A.

Dr. T. B. Johnson

Dr McCurdy

Name  
In  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Annie Proctor

CERTIFICATE OF DEATH

Died at Park mills		County Frederick		MARYLAND	
Date of death	Month 1908 August	Day 27	Years Age 57	Months 2	Days 20
Sex female	Color or Race white	Birth-place Park mills			
Occupation House wife	Where Residing if not at place of death Park mills				
Married, Single or Widowed	Married	Name of Wife or Husband	Eugene Proctor		
Father's Name	John S. Stonewall				
Mother's Maiden Name	Rebecca Thomas				
Name of person giving information	Eugene Proctor				

CAUSES OF DEATH

Primary

Syphilitic

1

Immediate

Heart failure

6 weeks

Are the name, age, sex, color, date and place correctly given above?

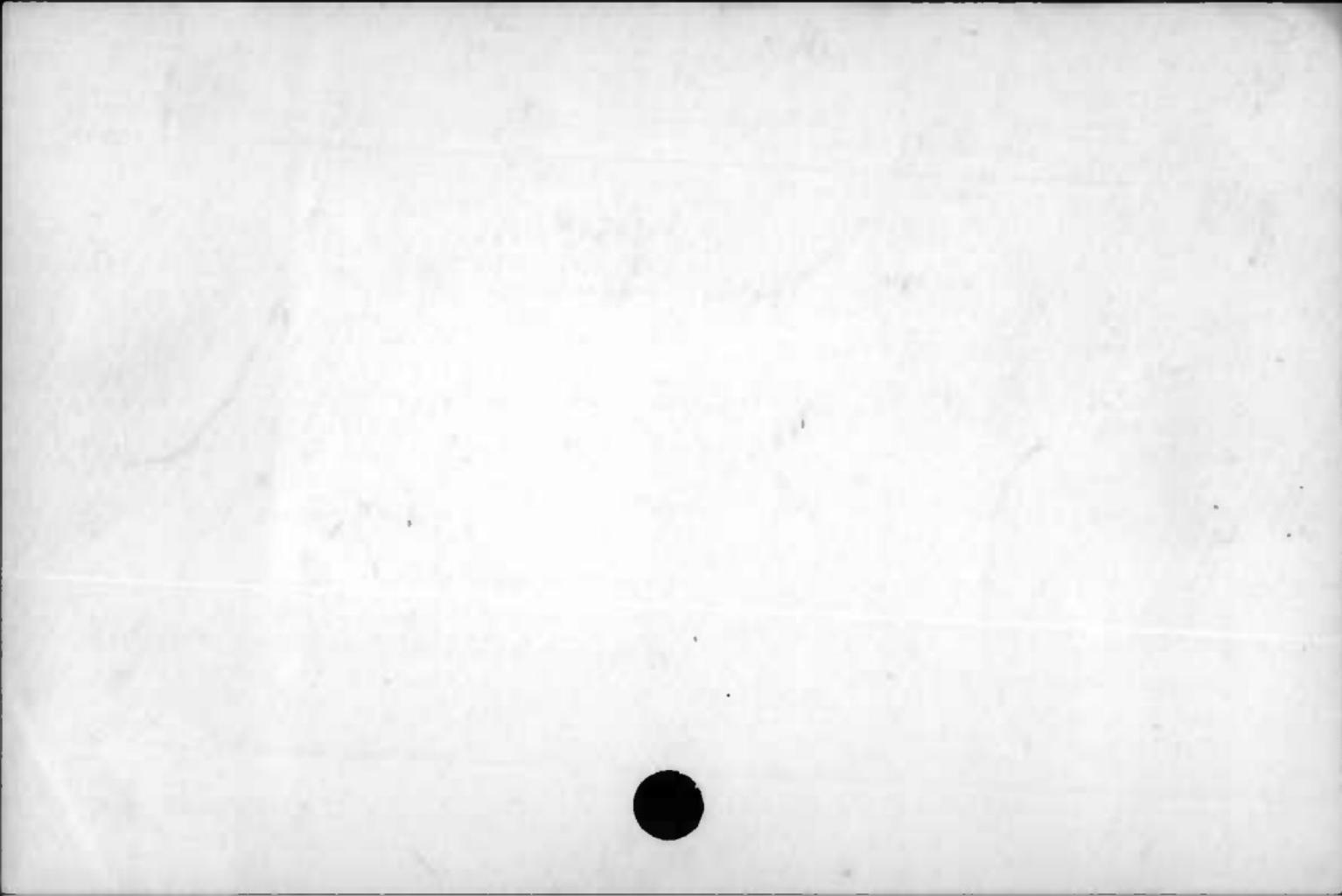
yes

Signature of Physician

Address

Benj. L. Long  
Araby & Md.

Accident or Suicide?



Name  
in  
Full

Alice C Raymond

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Tow	County	State
Middletown	Fairfield	MARYLAND	
Date of death	Month	Day	Years
1908	8	13	—
Age	Months	Days	
Sex	Color or Race	Birth-place	
Female	White	Bryansville	
Occupation	Where Residing if not at place of death	Middletown	
Housewife			
Married, Single or Widowed	Name of Wife or Husband		
Single			
Father's Name	Homer A Raymond		
Mother's Maiden Name	Addie Runsbury ✓		
Name of person giving information	Chester Runsbury		

CAUSES OF DEATH

105

How long

7 days

How long

2 days

PHYSICIAN  
OR CORONER

Primary

Cholera infantum

Immediate

Typhus

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

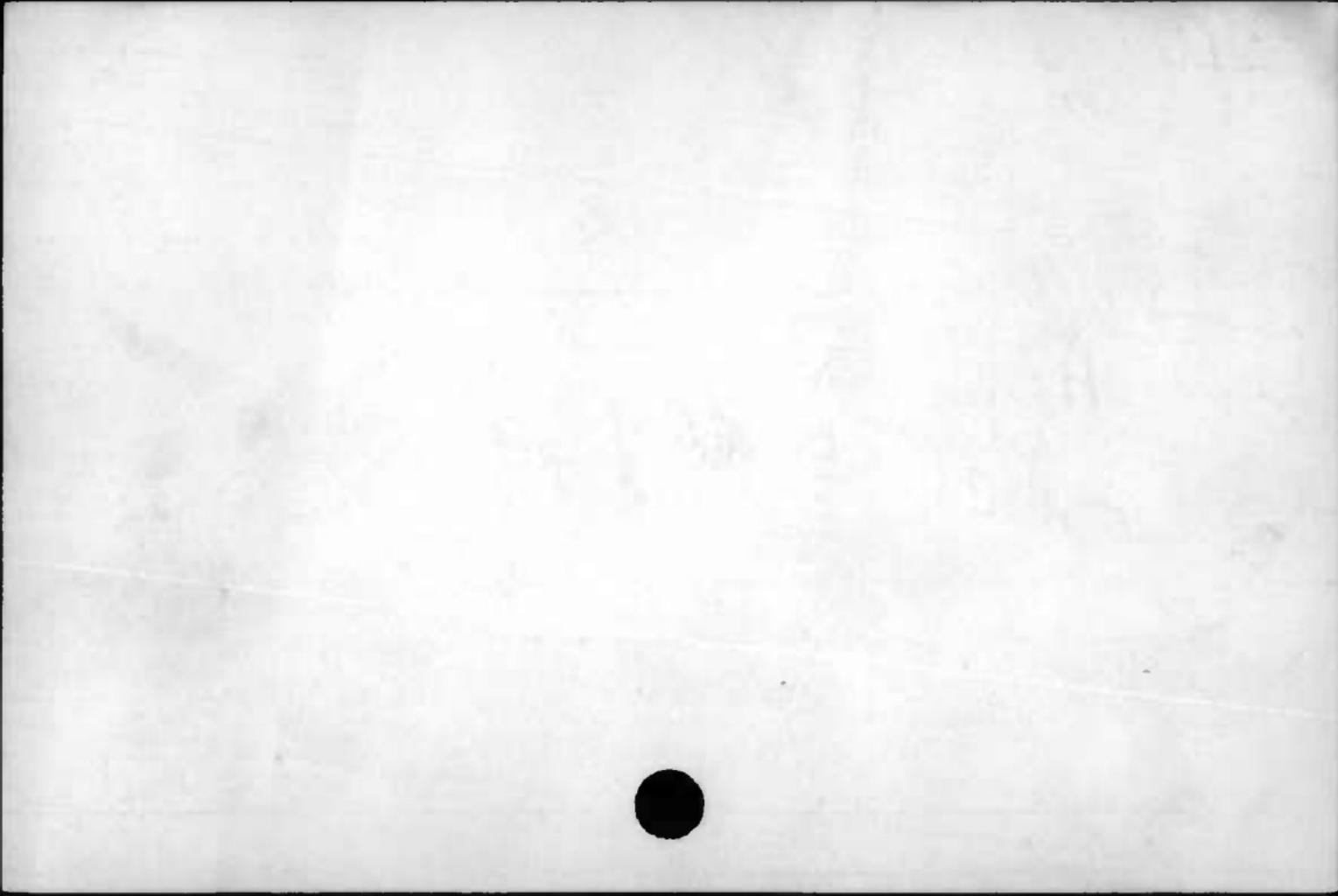
Address

E G Beckley

Middletown

Accident or Suicide?





Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Georgeanna Ridout

CERTIFICATE OF DEATH

Died at Frederick

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

8

20

Age

60

-

-

Sex

Female

Color or  
Race

Black

Birth-  
place

Frederick Co. Md.

Occupation

House Wife

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of W<sup>h</sup>usband

Chas. Edw. Ridout

Edw. Ridout

Father's  
Name

John Freelan

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Eliza Brown

Mother's  
Birthplace

"

Name of person giving  
Information

Chas. E. Ridout

How related  
to deceased

Husband

CAUSES OF DEATH

Primary

Cholera

64

How long

One hour

Immediate

Paralysis of heart.

How long

X

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Granville Puckett, M.D.  
Court St - Frederick, Md.

Accident or Suicide?

nnn

Interment Aug 22. '08  
" at St. John's.

Thomas P. Rice F.A.S.

Dr F. B. Smith

Dr McCusdy.

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant of Harry Rowe

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1908	Month 8	Day 27	Years —	Months —	Days —
Sex	Male	Color or Race	White	Birth-place	Frederick	
Occupation	Where Residing if not place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Harry Rowe			Father's Birthplace	Frederick	
Mother's Maiden Name	Bertha Mooberry			Mother's Birthplace	"	
Name of person giving Information	Harry Rowe			How related to deceased	Father.	

CAUSES OF DEATH

Primary

Premature Birth (dead)

(S)

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Falmy MD  
Frederick MD

Accident or Suicide?

Vermont Aug 27 - 08  
u at Mt. Oliphant

Thomas P. Rice F. A.

Dr. H. P. Fahoney,

Dr McCurdy.

Name  
in  
Full

John Wessly Schrader

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

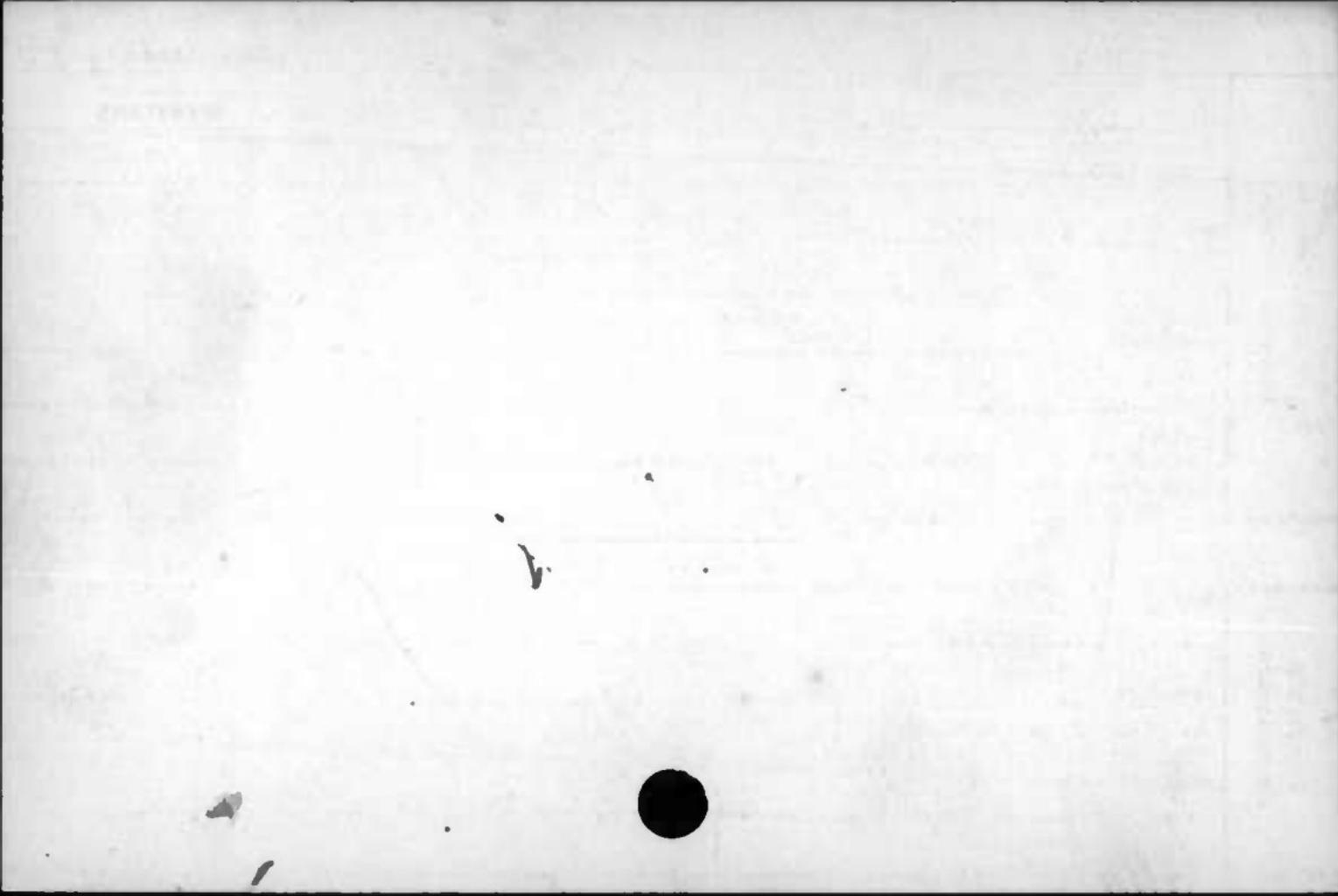
Town	County			MARYLAND	
Died at	Brunswick	Frederick			
Date of death	1908 Aug 24	Month	Day	Years	Months
Sex	Male	Color or Race	white	Age	Days
Occupation	sur			Where Residing if not at place of death	
Married, Single or Widowed				Name of Wife or Husband	
Father's Name	Ephraim Schrader			Father's Birthplace	md
Mother's Maiden Name	Stella Stewart			Mother's Birthplace	md
Name of person giving Information	Ephraim Schrader			How related to deceased	Father

CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Marasmus	
Immediate	Marasmus	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Accident or Suicide?	A. Horine Brunswick Md	



Name  
in  
Full

19  
Harriet E. Swell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died near Monrovia	Town	County		MARYLAND	
Date of death 1908	Month Aug	Day 27	Years 65	Months	Days
Sex Female	Color or Race Black	Birth-place Md			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife Husband	Nicholas Swell			
Father's Name unk				Father's Birthplace unknown	
Mother's Maiden Name unk				Mother's Birthplace unknown	
Name of person giving information Mrs. M. P. Wood				How related to deceased	not at all

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Arterio-Sclerosis

Immediate

Apoplexy

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

64

How long

for years

4 hours.

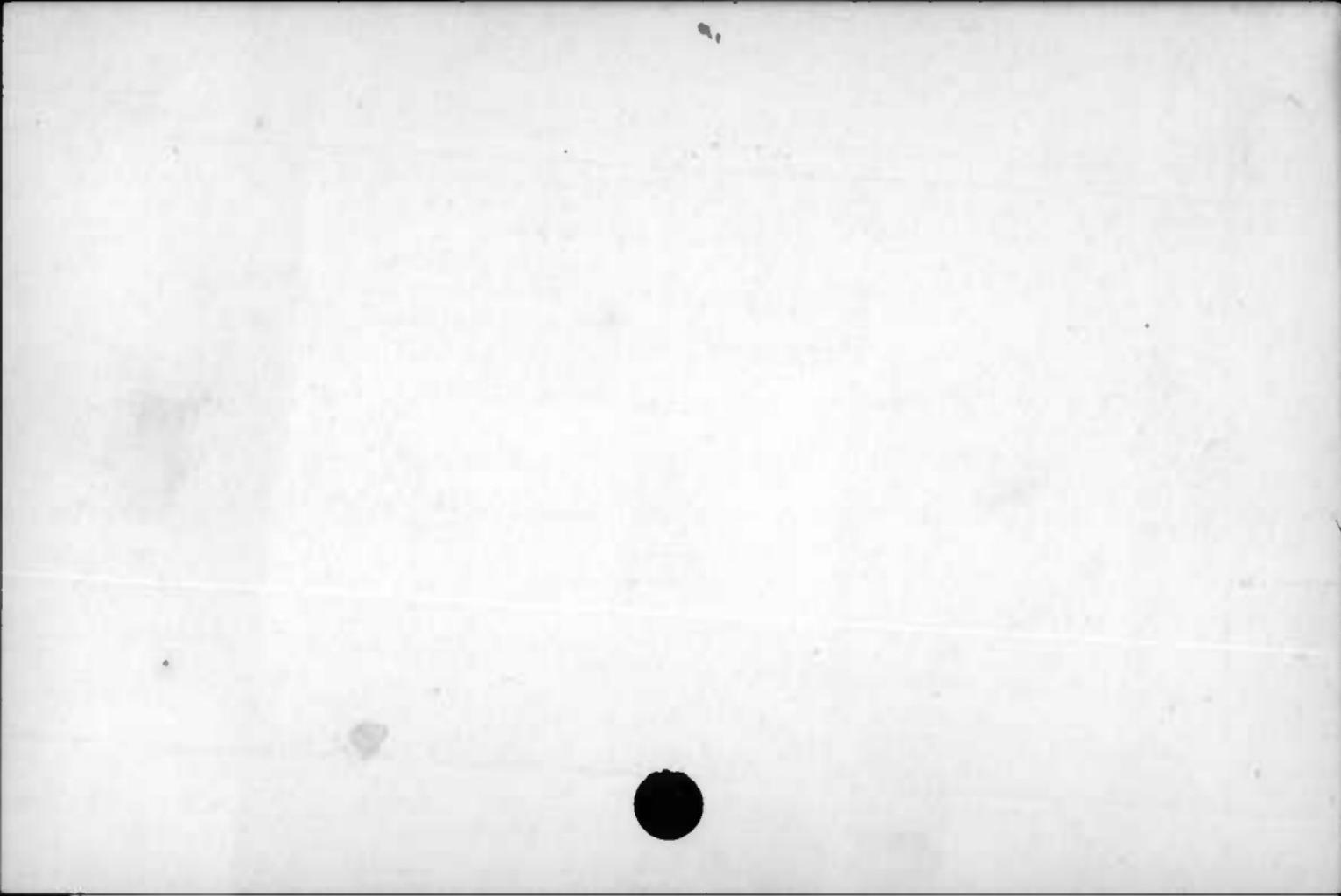
H. H. Hopkins M. D.

New Market

Frankl. Co., Md

Accident or Suicide?

no



Name  
in  
Full

Female Child of Edgar L Shaffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Boliver

Town

County

MARYLAND

Date of death 1908 Aug

Month

Day

Years

Months

Days

23

Age

~

5

Sex Female

Color or Race

white

Birth-place

Fredrick Co Md

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or Husband

Father's Name

Edgar L Shaffer

Father's Birthplace

Fredrick Co Md

Mother's Maiden Name

Quincy C Derr

Mother's Birthplace

Fredrick Co Md

Name of person giving information

Edgar L Shaffer

How related to deceased

Father

151

CAUSES OF DEATH

Primary

Premature birth

Handwriting

3 dno

Immediate

Inanition

How long

5 day

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

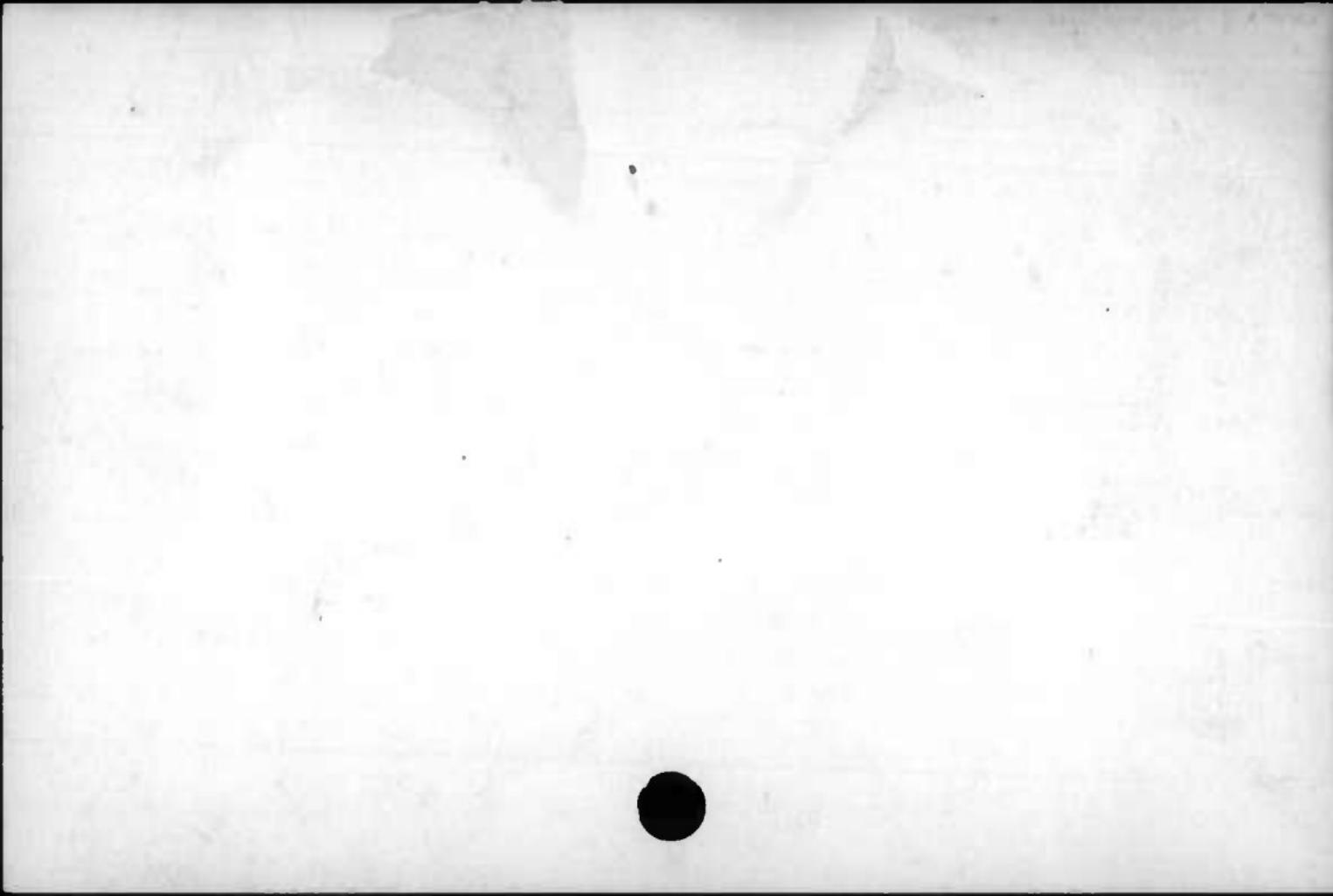
E L Buckley

Middleton

Mad

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Albert Shepley

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	F	Age	5	
Occupation	Infant	Color or Race	white	Birth-place	Pleasant Walk
Married, Single or Widowed	—	Name of Wife or Husband	—	Where Residing if not at place of death	—
Father's Name	Ernest Shepley			Father's Birthplace	Ellerton
Mother's Maiden Name	Arletha V. Dusing			Mother's Birthplace	Pleasant Walk
Name of person giving information	Ernest Shepley			How related to deceased	Father

CAUSES OF DEATH

179

How long

5 mos.

How long

Primary

Marasmus

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

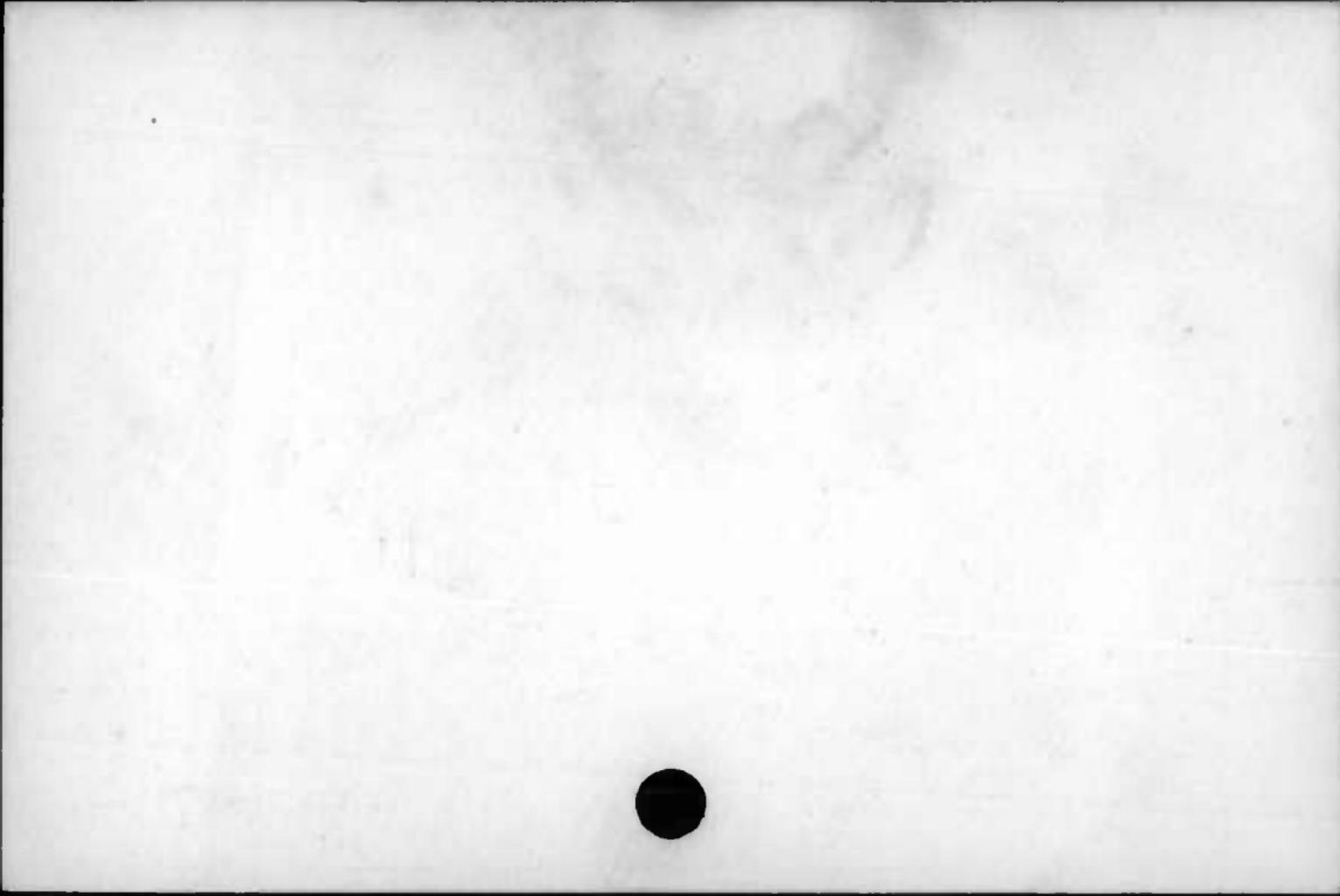
yes

Signature of Physician

Address

B. H. Noke M.D.  
Myersville  
Md.

Accident or Suicide?



**Name  
in  
Full**

TO BE ANSWERED BY  
NEAREST FRIEND

NEAREST FRIEND

Johnanna C. Siedling				CERTIFICATE OF DEATH			
Died at Towson	County Frederick		MARYLAND				
Date of death 1908	Month Aug	Day 4th	Age 79	Years 79	Months	Days	
Sex Female	Color or Race	White	Birth- place Germany				
Occupation Wife	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband George Siedling						
Father's Name Elmer Brown	Father's Birthplace Germany						
Mother's Maiden Name Elma Brown	Mother's Birthplace Germany						
Name of person giving Information Will Siedling	How related to deceased Grandson						
CAUSES OF DEATH				97			

## **CAUSES OF DEATH**

97

PHYSICIAN  
OR CORONER

Primary

# Primary Chronic Bronchitis and Asthma

6 months

### Immediate

# Cardiac Paroxysms

*ong Haefkens*

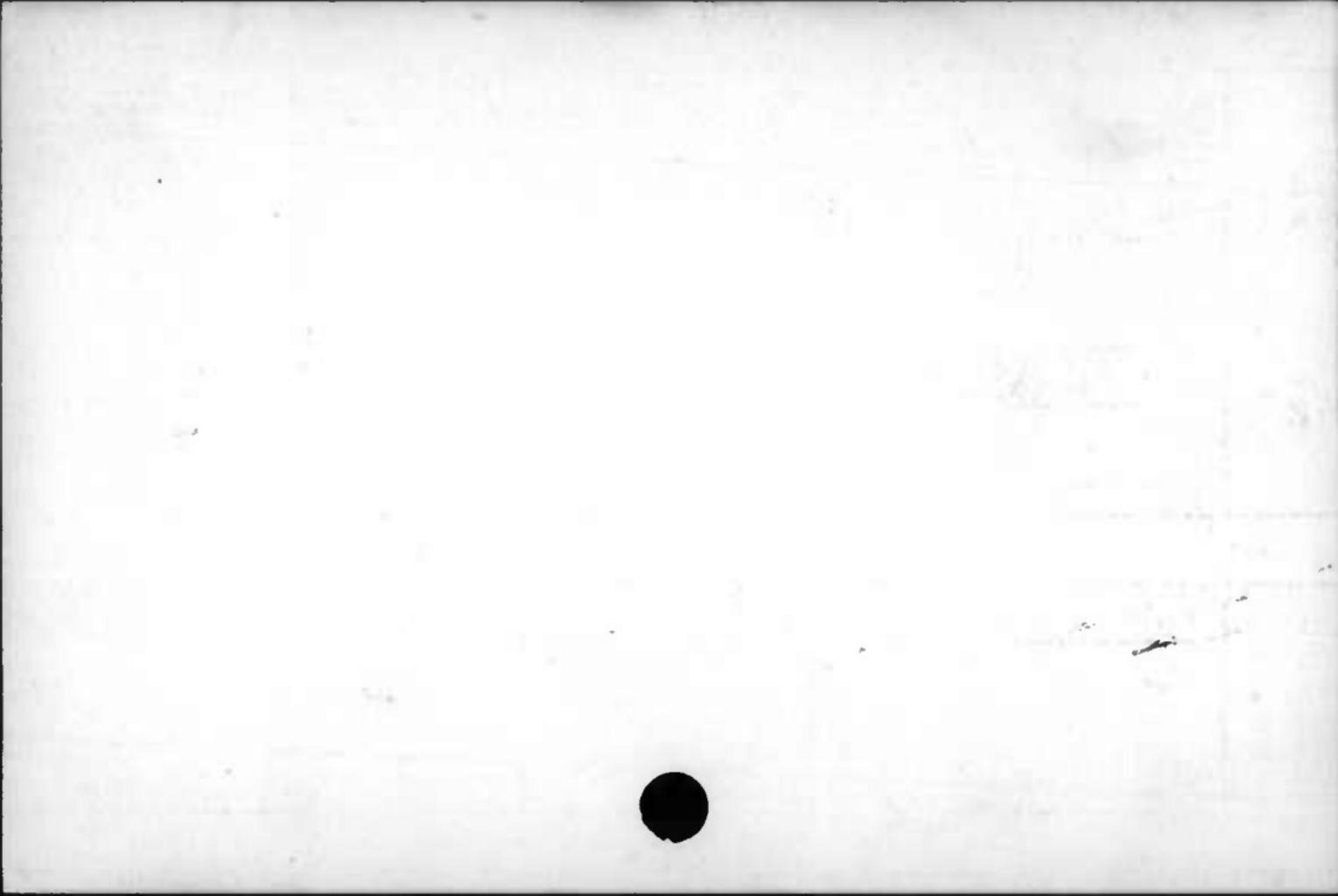
Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

### Addres

## Accident or Suicide?

LIBRARY BUREAU ASSOCIATES



Name  
in  
Full

Elizabeth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>Town</sup> near Ladiesburg.		County Frederick		MARYLAND	
Date of death	Month august	Day 12	Years 81	Months 9	Days 19
Sex Female	Color or Race	White	Birth- place	maryland	
Married, Single or Widowed	Occupation			none.	
Name of Wife or Husband	Peter Smith, Deed				
Father's Name	Abraham Diehl			Father's Birthplace	maryland
Mother's Maiden Name	Hannah Shriver			Mother's Birthplace	maryland
Name of person giving Information	Mrs. Dennis Diehl			How related to deceased	sister-in-law

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemiplegia  
Coma.

66

How long

Two months

Immediate

Are the name, age, sex, color date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John J. Ligget, M.D.  
Ladiesburg.  
Md.

Accident or Suicide?



Name  
in  
Full

Daniel H. Steiner

## CERTIFICATE OF DEATH

MARYLAND

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County				
Date of death 1908	Month Aug.	Day 3 <sup>rd</sup>	Age 47	Years 47	Months 3	Days 8	
Sex Male	Color or Race White	Birthplace Frederick					
Occupation Druggist	Where Residing if not at place of death at place of death						
Married, Single or Widowed Single	Name of Wife or Husband						
Father's Name Harry C. Steiner	Father's Birthplace Md.						
Mother's Maiden Name Ann Elisabeth Rohr	Mother's Birthplace Md.						
Name of person giving information Harry R. Steiner	How related to deceased Brother						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Apoplexy

64

How long

42 hours

Immediate

Aphora

How long

30 minutes

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Still Born Infant of John Stewart

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
1908	8	8	—
Sex	Color or Race	White	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	John Stewart	Father's Birthplace	Frederick
Mother's Maiden Name	Mary Hoffman	Mother's Birthplace	Frederick
Name of person giving Information	Mr Stewart	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Premature Birth

How long

7 mos

Immediate

✓

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

G. J. Gordey, M.D.  
Frederick

Accident or Suicide?

Interment at Mt Olivet

" Aug 8-08

Thomas P. Rice F.D.

Dr Goodall.

Name  
in  
Full

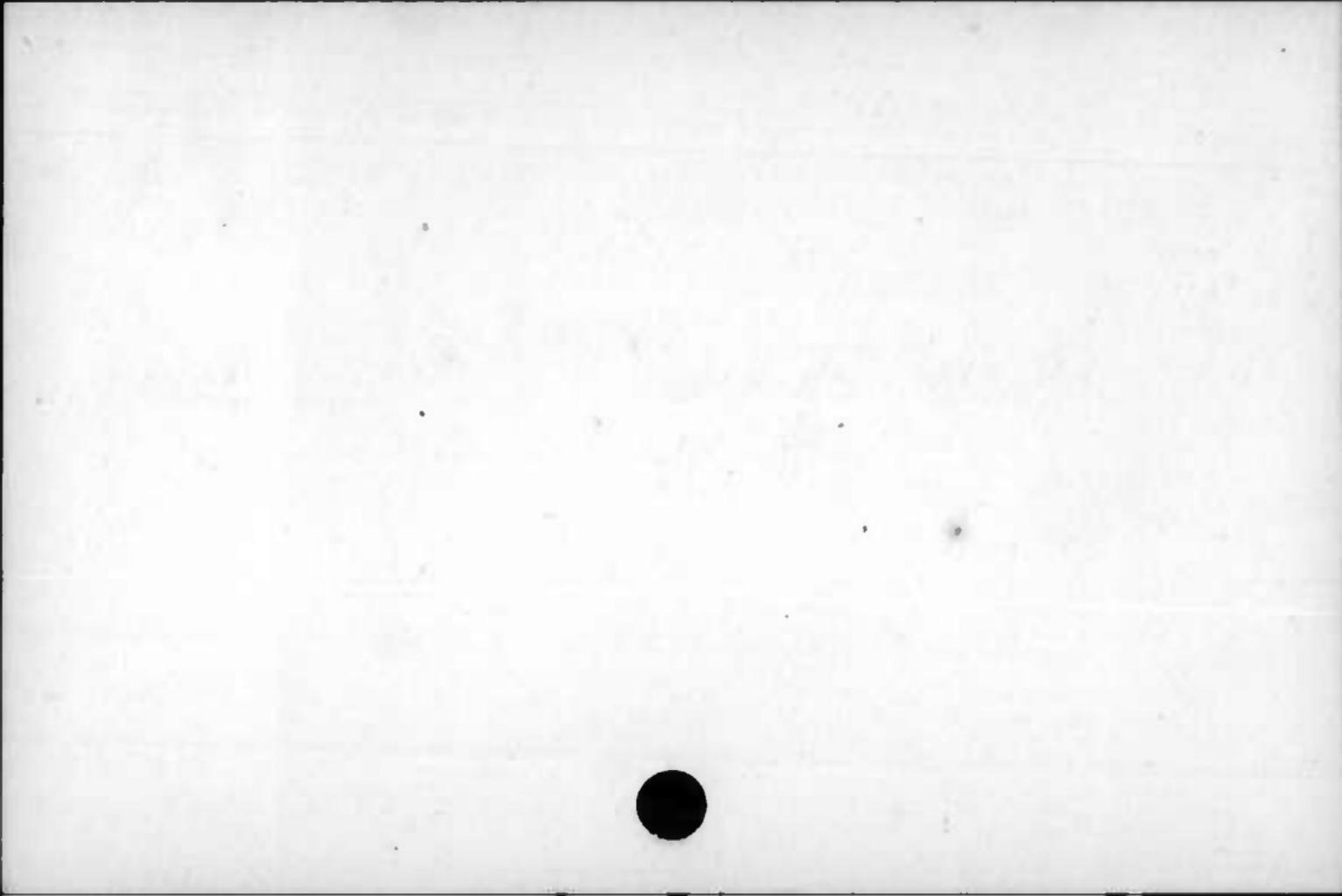
Sydia Eliza Stockman

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Same			
Father's Name	Philip Stockman				
Mother's Maiden Name	Md.				
Name of person giving information	Unknown				
Gullriggton, Army mud - mistake					
CAUSES OF DEATH					
Primary	Fracture-dislocation of hip				
Immediate	Shock				
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	164	
			Address	How long	
			5 or 6 days above		
Accident or Suicide?		Accident	T Clyde Routon Buckley town		



Name  
in  
Full

W C Strailman

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1908	Aug	15	60	6	21
Sex	Male	Color or Race	white	Birth-place	Bed
Occupation	R R Employee	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Margaret Keins		
Father's Name	Henry Strailman		Father's Birthplace	Md	
Mother's Maiden Name	Wilson		Mother's Birthplace	Md	
Name of person giving information	Mrs Strailman		How related to deceased	wife	

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary

Nephritis

How long

6 days

Immediate

Coma & Convulsions

How long

2 days +

Are the name, age, sex, color, date and place correctly given above?

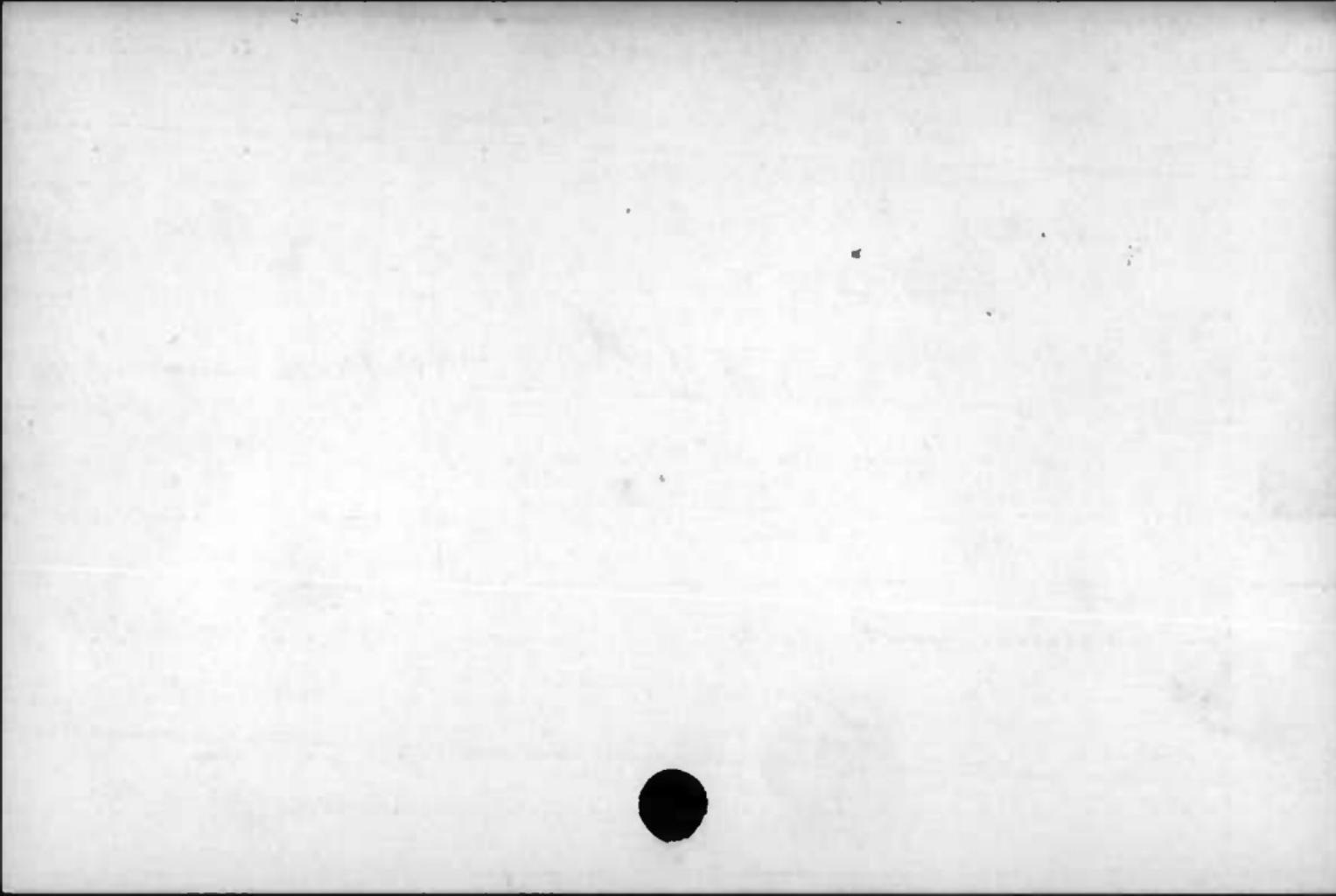
Yes.

Signature of Physician

Address

Cyril C. M.D.  
Brunswick,  
Md.

Accident or Suicide?



Name  
in  
Full

Drs Frances Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Where Residing if not at place of death				
Occupation						
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Wm A Walker	Father's Birthplace Montgomery Co				
Mother's Maiden Name	Laura A Day	Mother's Birthplace Fredk & Md				
Name of person giving information	Wm A Walker	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hypertension

151

How long

1 month

Immediate

Hypertension

How long

Are the name, age, sex, color, date and place correctly given above?

70

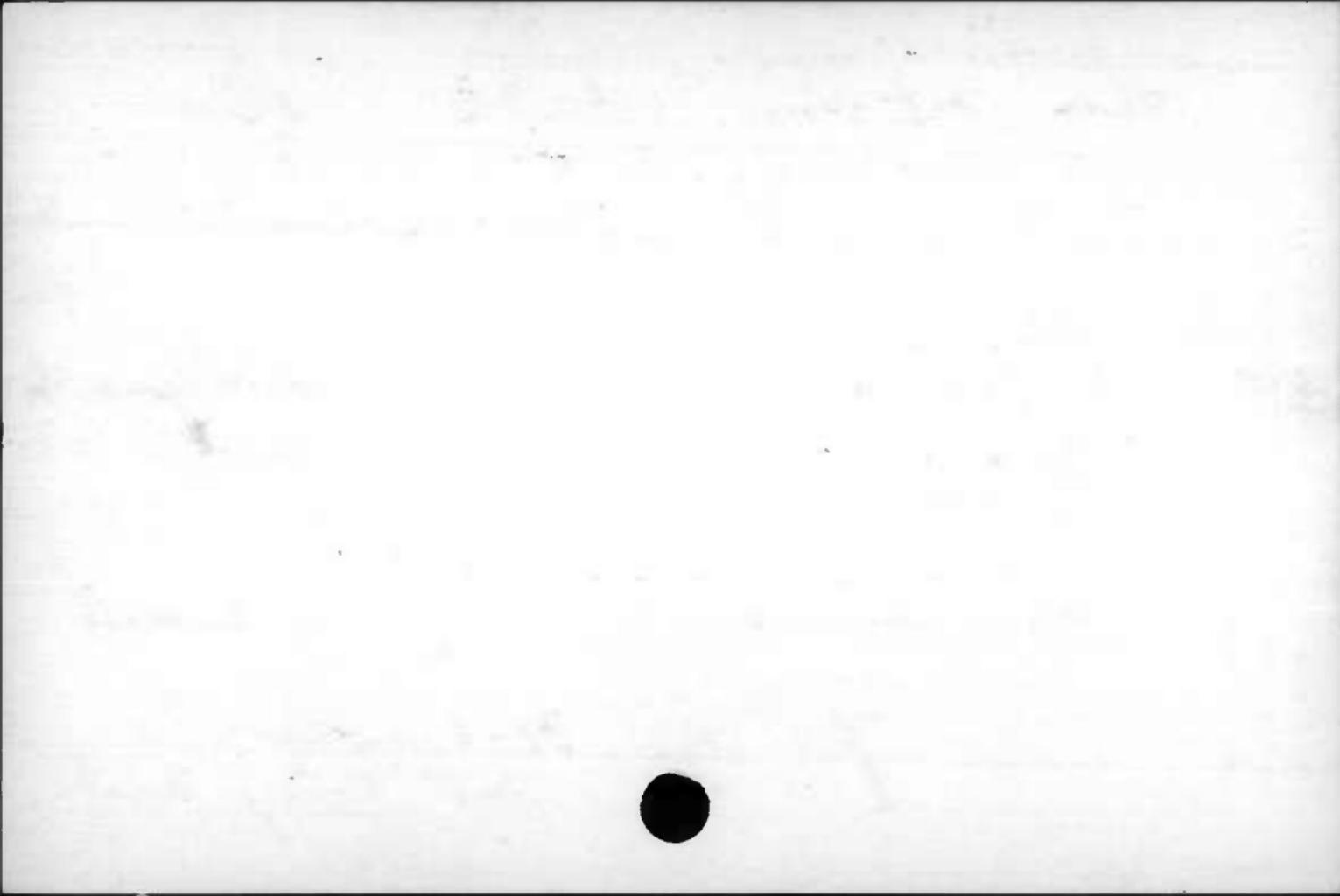
Signature of Physician

Address

W. E. Davies

Nest Airey Rd

Accident or Suicide?



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

George Wm. Bryan Walker

## CERTIFICATE OF DEATH

Died at or near <u>Nottinghy</u>		Town <u>Fault</u>	Count <u>15</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>5</u>	Years <u>—</u>	Months <u>2</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>White American</u>	Birth-place <u>near Nottinghy</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Singer</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Wm. E. Walker</u>	Father's Birthplace <u>Huntington Md</u>				
Mother's Maiden Name <u>Laura A. Day</u>	Mother's Birthplace <u>Fault C Ind</u>				
Name of person giving information <u>Wm. E. Walker</u>	How related to deceased <u>Father</u>				

## CAUSES OF DEATH

151

Primary

Harrasment

How long

1 month

Immediate —

How long

Are the name, age, sex, color, date and place correctly given above?

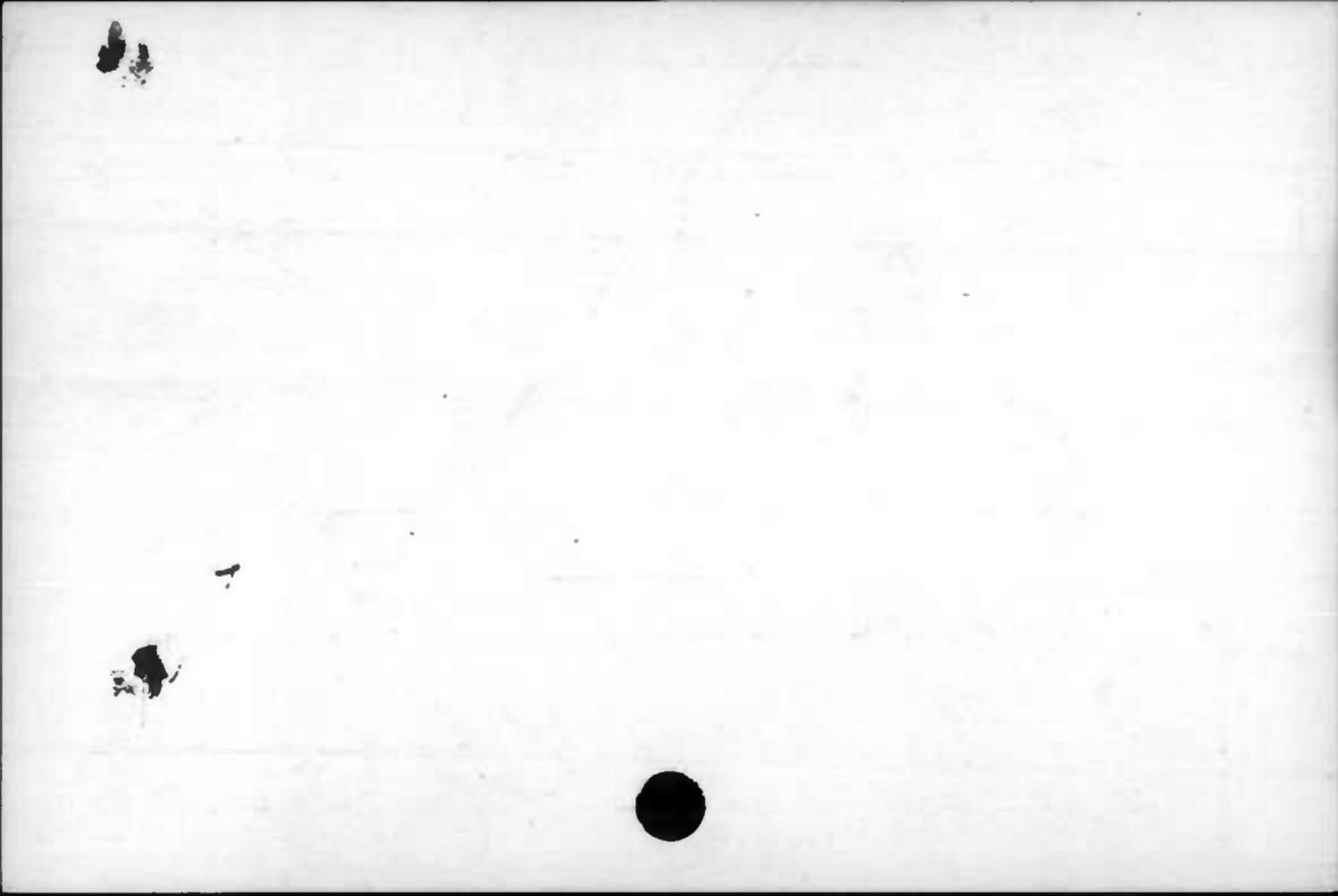
70

Signature of Physician

Address

W. E. Gaves  
Nottinghy Ind

Accident or Suicide?



Name  
in  
Full

Wm Washington

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Female	Color or Race	Colored
Occupation	None	Where Residing if not at place of death	Petersville, Md.
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John Washgtn (deceased)		
Mother's Maiden Name	Anna M. Hardy		
Name of person giving Information	Lewis E. Hardy		
	Father's Birthplace Maryland Co.		
	Mother's Birthplace Forest Co.		
	How related to deceased Grandmother		

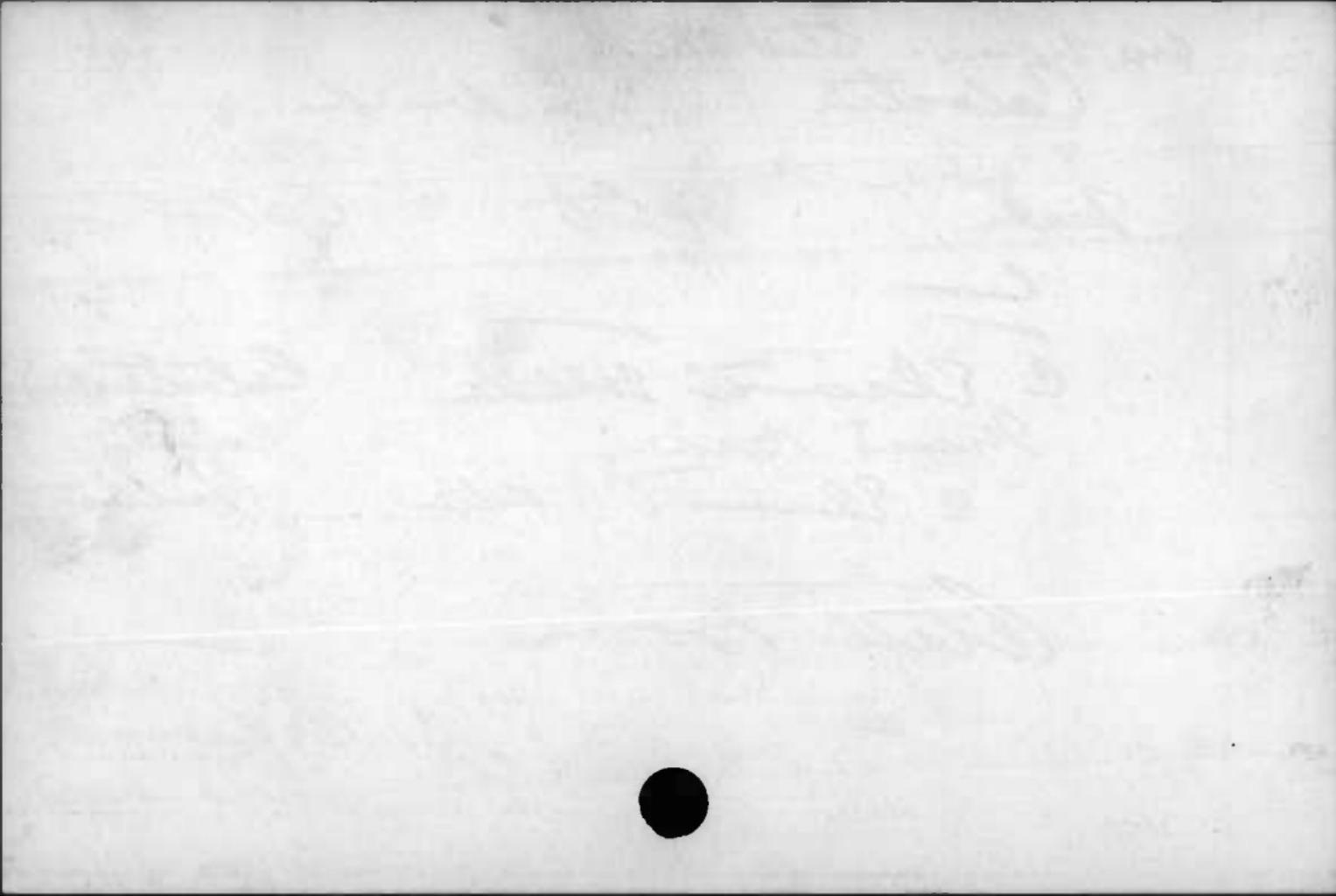
CAUSES OF DEATH

36

Primary	Possibly Hereditary Syphilis (✓)
Immediate	Do not know
Are the name, age, sex, color, date and place correctly given above?	
Yes.	
Signature of Physician	C. W. C. Crum, M.D.
Address	Brunswick.

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?  
Yes.  
C. W. C. Crum, M.D.  
Brunswick.  
Accident or Suicide?  
The man has not been found.



Name  
in  
Full

In name. Died down Weddle

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Caloetin	Herrick		
Date of death 1908	Month Aug	Day 24	Years
Sex Male	Age	Color or Race White	Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed ✓	Name of Wife or Husband		
Father's Name C Elamont Weddle	Father's Birthplace Caloetin Md		
Mother's Maiden Name Grand Brie	Mother's Birthplace Caloetin Md		
Name of person giving information C Elamont Weddle	How related to deceased S		Daughter
CAUSES OF DEATH			
Primary	Cstill Bome		
Immediate	How long ✓		

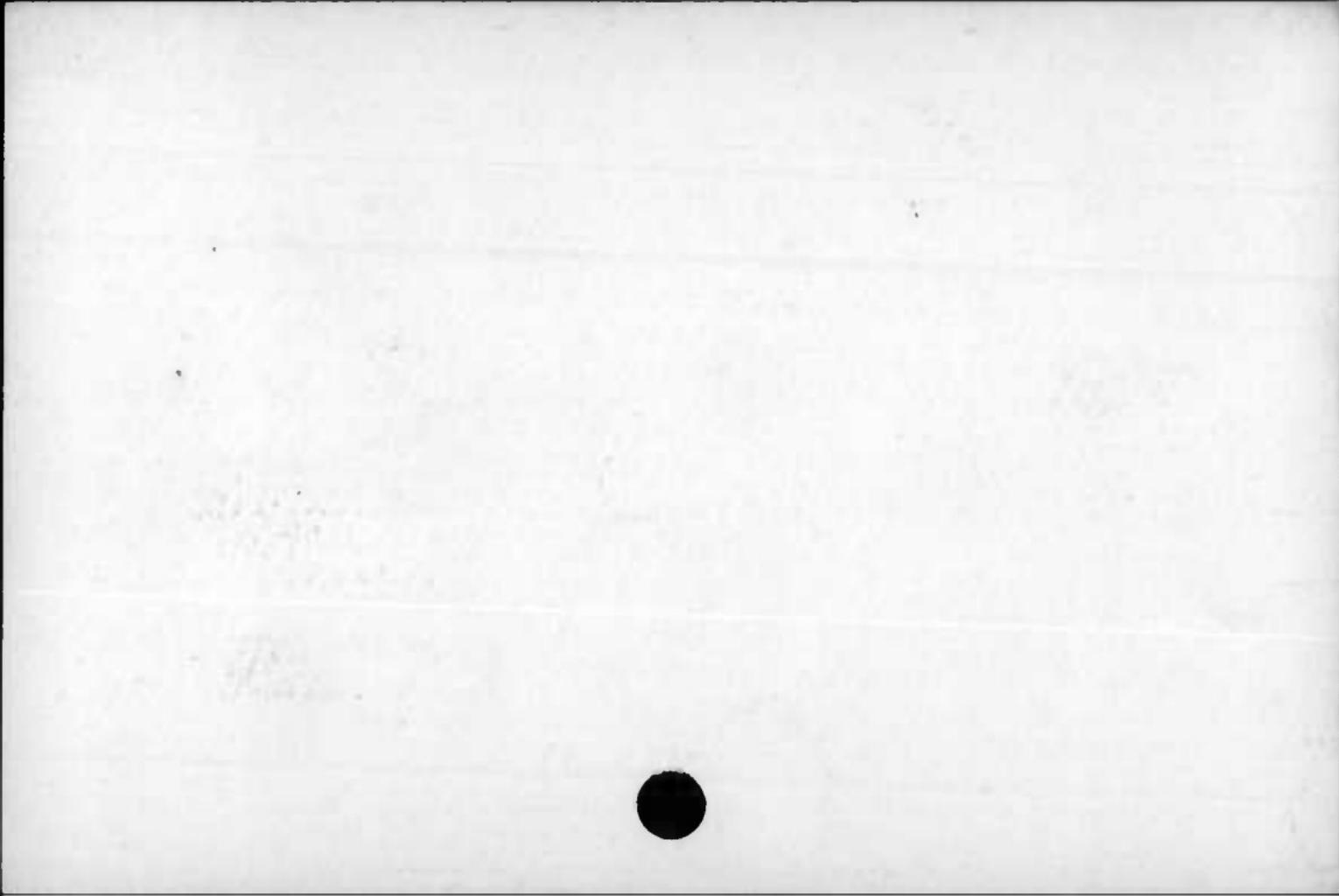
Are the name, age, sex, color, date and place correctly given above? ✓

Signature of Physician

Address

E. C. Vipanum.  
Elamont Md.

Accident or Suicide?



Name  
in  
Full

Mary Virginia Whitten

CERTIFICATE OF DEATH

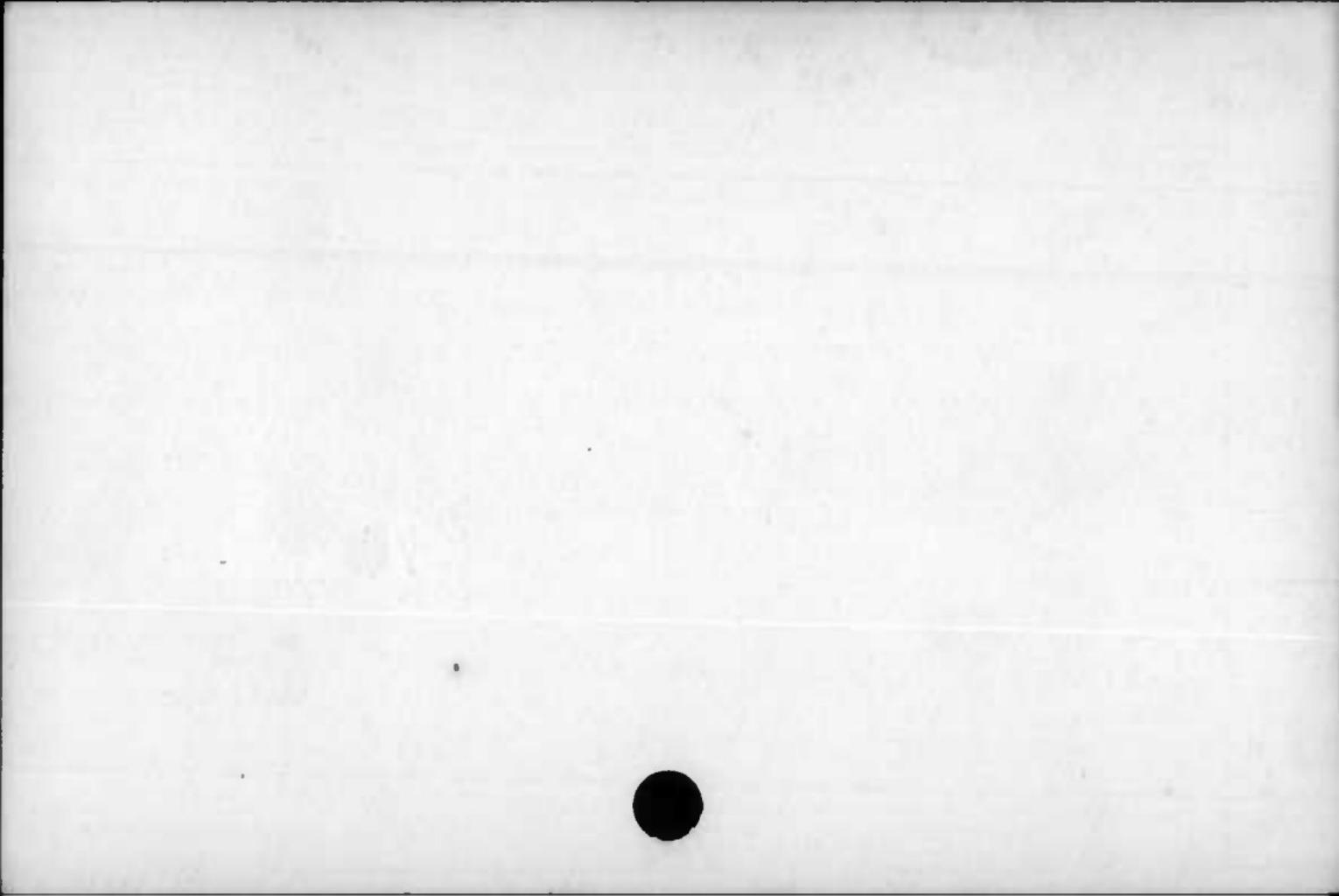
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death			Name	
Married, Single or Widowed	Name of Wife or Husband	John Whitten			
Father's Name				Father's Birthplace	Md.
Mother's Maiden Name				Mother's Birthplace	Md.
Name of person giving Information				How related to deceased	Aunt

CAUSES OF DEATH

Primary	Typhoid Fever	①	How long
Immediate	Exhaustion	①	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address	
Accident or Suicide?		T. Clyde Routon Buckeytown	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County				
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband	Daniel H young				
Father's Name	Robert Smith					Father's Birthplace
Mother's Maiden Name	Rebecca					Mother's Birthplace
Name of person giving information	Klida young					How related to deceased

CAUSES OF DEATH

179

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

